

Registration District No. **818** Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: DePaul Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5344 Vernon Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ellen Donlin

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Thomas E. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased November 15, 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>3</u>	<u>23</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business _____

12. Name Thomas E. Dowling

13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Delia Donnelly

15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Donlin

(b) Address 5344 Vernon

17. (a) Burial (b) Date thereof 3 - 12 - 45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director John F. Stuart

(b) Address 1225 Union Blvd.

19. (a) MAR 10 1945 (Date received local registrar)
J. F. Bredek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th
year 1945 hour 12:50 minute _____ A.M.

21. I hereby certify that I attended the deceased from 1945 3-8 to 1945 3-7
that I last saw him W alive on 3-7 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage
Due to: Hypertension

Duration 12 hrs
3 yrs

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: 87
Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While working (Specify type place) _____
by Means of injury _____

23. Signature John F. Stuart (M. D. or other) _____
Address 1225 Union Blvd. Date signed 3-8-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

08
17
9

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.