

FILED FEB 25 1946

Registration District No. ....

Primary Registration District No. 6076

Registrar's No. 415

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay  
(If outside city & town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Nazareth Convent /  
(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:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Lemay 0  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. Forder & Ringer Rd. 0  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15  
year 1946 hour 3 minute A. M.  
21. I hereby certify that I attended the deceased from Jan. 28  
1945 to Feb. 15 1946  
that I last saw her alive on Feb. 12 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Chronic myocarditis @ & arteriosclerosis.

Duration  
Several  
Years

Due to.....  
938  
Due to.....

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

Major findings:  
Of operations none

Of autopsy none

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) NO  
(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 at work?..... (Specify type of place) (e) Means of injury.....

23. Signature W. W. Wolcott (M. D. or other)  
Address 380 E. Williams St. St. Louis Date signed 2/15/46

3. (a) PRINT FULL NAME Sister M. Florentia Donnelly

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased December 25 1866  
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 20 If less than one day hr. min.

9. Birthplace Unknown Ireland 4  
(City, town, or county) (State or foreign country)

10. Usual occupation Teacher

11. Industry or business School Retired

12. Name Michael Donnelly

13. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown Cunningham

15. Birthplace Ireland 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Sister Mary Thomas

(b) Address Nazareth Convent Lemay, Mo.

17. (a) Burial (b) Date thereof Feb. 18, 46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Nazareth Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway St. Louis, Mo.

19. (a) 2-18-46 (b) W. W. Wolcott  
(Date received local registrar) (Registrar's signature)

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

6040

3806 Williams Street

Wednesday 7-22-24

7-9 PM

**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 Harry J. Schenacker

Licensee Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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.**