

No. 2
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5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15893**
Registrar's No. **861**

FILED APR 23 1947

Registration District No. **3** Primary Registration District No. **3070**

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **Webster Groves**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
308 East Lockwood Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community _____ (Specify whether years, months or days)

3. (a) PRINT FULL NAME **ANNIE DONAHUE**

3. (b) If veteran, name war **None**

3. (c) Social Security No. _____

4. Sex **Female** / 5. Color or race **White**

6. (a) Single, widowed, married, divorced **Widow 2**

6. (b) Name of husband or wife **Late Cornelius**

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

7. Birth date of deceased **May 13 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
76	11	2	_____ hr. _____ min.

9. Birthplace **Bragwood Ill. /**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

MOTHER FATHER

12. Name **Daniel McLaughlin**

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

14. Maiden name **Bridget Daugherty**

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

16. (a) Informant **Ruth Michenfelder**

(b) Address **308 East Lockwood Ave.**

17. (a) **Burial** (b) Date thereof **4 17 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **4-17-47** (b) **Carol A. Shaffer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **Webster Groves**
(If outside city or town limits, write "RURAL")

(d) Street No. **308 East Lockwood Ave.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **15**
year **1947** hour **1:00** minute _____ A.M.

21. I hereby certify that I attended the deceased from **several years**
_____ 19____ to **4-13-** 19**47**

that I last saw her alive on **April 13** 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death
Stroke of artery

Due to **Carelessness of**
mother

Due to **450**

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

Duration _____

Major findings:
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 at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature **Sandra Weimer** (M. D. or other) _____
Address **No. Thea Blvd** Date signed **4-15-47**

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

634 No. Kennard 2-5

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.