S. No. 2
M—1/47
5-17-39

#68108

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 2443

Registrar's No. 585

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2114 Blair Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MARGARET DONLON
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife John J.
6. (c) Age of husband or wife if alive years
7. Birth date of deceased April (Month) 22 (Day) 1870 (Year)

8. AGE: Years 77 Months 8 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business Home
FATHER
12. Name Unknown Leonard
13. Birthplace Ireland (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown Garby
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant John J. Donlon
(b) Address 3465a Montana Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/22/48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Provost Und. Co.
(b) Address 3710 N. Grand Blvd.
19. (a) JAN 20 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 19th year 1948 hour 5 minute 10 P.M.
21. I hereby certify that I attended the deceased from 12/24/47, 19..., to Jan 19th, 1948 that I last saw her alive on Jan 19th, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia - Lobar	1 mo
Due to: Undetermined cause	
Due to:	
Other conditions (include pregnancy within 3 months of death): Hypertensive Heart Disease	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature John W. Murphy Jr. M.D. (M.D., or other)
Address 1515 Lafayette Date signed 1/20/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....Albert Mayfield.....

Licensed Embalmer No.....3077.....

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.