

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

18271

State File No. \_\_\_\_\_

FILED JUN 15 1948  
Registration District No. \_\_\_\_\_

Primary Registration District No. 6076

Registrar's No. 1250

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Wellston  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Vincent's San.  
(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 Mo. (b) County St. Louis  
(c) City or town Wellston  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7300 St. Charles Rock Rd.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MISS KATE DONOVAN  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

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 Sept. 19, 1855.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	92	7	25	_____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_  
12. Name Dennis Donovan  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Eileen Milner  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Joseph D. Donovan  
(b) Address Eureka, Mo.

17. (a) Burial Burial (b) Date thereof May 17, 48.  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Jos. W. Clark  
(b) Address 1125 Hodiamont Ave

19. (a) 5-17-48 (b) Carla J. [Signature]  
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 17  
year 1948 hour 12 minute 45 A. M.  
21. I hereby certify that I attended the deceased from MARCH  
4, 1948, to May 14, 1948  
that I last saw her alive on May 14, 1948  
and that death occurred on the date and hour stated above.

Duration \_\_\_\_\_  
Immediate cause of death Branchiopneumonia 12 hrs.  
Due to Hypertensive Cardiovascular disease  
Due to Fracture, left femoral neck 15 hrs.  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings: 186-2  
Of operations \_\_\_\_\_  
Of autopsy Coronary occlusion  
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) Accident  
(b) Date of occurrence May 13, 1948  
(c) Where did injury occur? St. Vincent's San, St. Louis Mo.  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? St. Vincent's Sanitarium  
(Specify type of place)  
While at work? \_\_\_\_\_ Means of injury Fall  
23. Signature W. B. Lythan (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 5-14-48

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

MOTHER FATHER

679 1/2 Cates Ave.

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 *Rex Campbell*

Licensed Embalmer No. *3881*

P. O. Address *St Louis Mo*

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.