

FILED MAR 7 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6015

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1855**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE MO b. COUNTY 2:00	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 353 N. Whittier	
d. FULL NAME OF HOSPITAL OR INSTITUTION 353 N. Whittier			

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) DONOHUE c. (Last) DONOHUE			4. DATE OF DEATH (Month) (Day) (Year) Feb 24-51		
5. SEX FE		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W. 2	
8. DATE OF BIRTH Feb 24-1877		9. AGE (In years last birthday) 73 YRS		10. IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) IRELAND.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Michael Foley		13b. MOTHER'S MAIDEN NAME Norah Walsh		14. NAME OF HUSBAND OR WIFE MICHAEL DONOHUE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Helen Donohue 353 N. Whittier St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial decompensation		INTERVAL BETWEEN ONSET AND DEATH 3 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____			
		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? none Hgt. 2	

22. I hereby certify that I attended the deceased from **Feb. 24, 1951**, to **Feb. 24, 1951**, that I last saw the deceased alive on **Feb. 24, 1951**, and that death occurred at **10:40 am**, from the causes and on the date stated above.

23a. SIGNATURE E. J. Schur (Degree or title)		23b. ADDRESS 4203rd Calhoun		23c. DATE SIGNED 2-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 26-51		24c. NAME OF CEMETERY OR CREMATORY CALVARY Cem.	
		24d. LOCATION (City, town, or county) (State) St. Louis MO.			

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FEB 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Schur 3125 Lafayette av.	
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(Licensed Embalmer's Statement on Reverse Side)

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

Handwritten text in a non-Latin script, possibly Arabic or Urdu, located at the top of the page.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Handwritten signature of Jost B. Volmer

Licensed Embalmer No. 4014

P. O. Address 3725 Fidelity

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.