

FILED JAN 27 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44305

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2906

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Wellston</b>		c. LENGTH OF STAY (in this place) <b>6 months</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		2099
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Vincent's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>2108 Linton Street</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b> b. (Middle) <b>Adelaide (Schroer)</b> c. (Last) <b>Donley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17, 1954</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>May 28, 1865</b>	9. AGE (In years last birthday) <b>89</b>	IF UNDER 1 YEAR Months <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Jefferson City, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
13a. FATHER'S NAME <b>John Albert Schroer</b>		13b. MOTHER'S MAIDEN NAME <b>Eujamia</b>	14. NAME OF HUSBAND OR WIFE <b>JAMES M. DONLEY</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mr. William Donley, son, 120 South Elizabeth, Ferguson, Mo.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerotic Heart Disease</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arteriosclerosis</b>  DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Chronic Brain Syndrome Associated with Senile Brain Disease with Psychotic Rea.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>Years</b>  <b>Years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>YES</b> <input type="checkbox"/> <b>NO</b> <input checked="" type="checkbox"/>	4200	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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?			
22. I hereby certify that I attended the deceased from <b>6-17-53</b> , 19____, to <b>12-17-</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>12-16-</b> , 19 <b>54</b> , and that death occurred at <b>2:55 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>R. Baquet MD</b>		23b. ADDRESS <b>7301 St. Charles Rock Rd.</b>		23c. DATE SIGNED <b>12/17/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>12-20-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CALVARY CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS, MO</b>		
DATE REC'D BY LOCAL REG. <b>12-18-54</b>	REGISTRAR'S SIGNATURE <b>Herbert R. Donley M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STACK MORTUARY 889 S. BRENTWOOD BL. CLAYTON, MO</b>			

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

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Frank J. Moore

Licensed Embalmer No. 3041

P. O. Address 3117 E Grand

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.