MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

32016

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City St Louis (No. St Johns Hospital St. ..... Ward)

File No. .....

Registered No. 9046

2. FULL NAME Ida L Donovan

(a) Residence. No. ~~58 Cor Compton & Marlow~~ 15 Ward.
(Usual place of abode) 4416 S. Compton

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U. S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Thos F Donovan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dont Know

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
abt 65				

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer at Home

9. BIRTHPLACE (CITY OR TOWN) Louisville ~~Ky~~ (STATE OR COUNTRY) Ky

PARENTS

10. NAME OF FATHER Jno Shaw

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Louisville (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Dont Know

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

14. INFORMANT Louis Cook
(Address) 4339 Olive St

15. FILED SEP -8 1923 Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 7 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1929, to Sept. 7, 1929 that I last saw her alive on Sept. 6, 1929, and that death occurred, on the date stated above, at 7.20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chr. interstitial nephritis
121
97
..... (duration) 5-6 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Arterio sclerosis.
..... (duration) 8 10 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH ?
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Usual

(Signed) T R Kennedy, M. D.
9-7, 1929 (Address) 2305 S Grand

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Calvary Cem	Sept 10 1929
20. UNDERTAKER Thos J Fuesen	ADDRESS 1569 S Grand