

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

7175

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1099
 City St. Louis (No. 1410) Hamilton Ave. St. Ward

File No.
 Registered No. 1482

2. FULL NAME

(a) Residence. No. 1410 Hamilton Ave., 5 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Oct. 4 1896</u>		
7. AGE	YEARS <u>34</u>	MONTHS <u>4</u>
	DAYS <u>=</u>	If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED		
(a) Trade, profession, or particular kind of work <u>Sales Lady</u>		
(b) General nature of industry, business, or establishment in which employed (or employer) <u>173</u>		
(c) Name of employer <u>Busy Bee Dept. Store</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
PARENTS	10. NAME OF FATHER <u>Carroll C. Donovan</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	12. MAIDEN NAME OF MOTHER <u>Anna Crowley</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 4, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 2, 1931, to Feb. 3, 1931, that I last saw her alive on Feb. 2, 1931, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bilateral Sabax ill
Pneumonia
Jan. 29/31 (duration) yrs. mos. ds.
 CONTRIBUTORY Influenza
 (SECONDARY)
Feb. 3/31 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION RECOVER DEATH DATE OF

WAS THERE AN AUTOPSY

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) Rose Minnie Rose, M. D.
 2/4 1931 (Address) 5411 Easton Ave.

*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.

14. INFORMANT (Address) <u>Mrs. Anna Donovan</u> <u>1410 Hamilton Ave.</u>	19. PLACE OF BURIAL, CREMATION, OR REMOVAL <u>Calvary Cem.</u>	DATE OF BURIAL <u>Feb. 6, 1931</u>
15. FILED <u>5-19-31</u> <u>May C. Tarter</u> REGISTRAR	20. UNDERTAKER <u>Jos. W. Clark</u>	ADDRESS <u>1125</u>

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

