

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

APR 9 1935

10735

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City St. Louis (No. 3611 Marcus Ave.)..... St. Ward)

File No.....
Registered No. 2354

2. FULL NAME

Elizabeth Donigan
(a) Residence, No. 3611 Marcus St., 10 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Horn George Donigan</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13, 1884</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>9</u>
	DAYS <u>26</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework.</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Chesterfield, Mo.</u>	
FATHER	13. NAME	<u>Rudolph G. Essen</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Philadelphia, Pa.</u>
MOTHER	15. MAIDEN NAME	<u>Elisa Haber</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>Chesterfield, Mo.</u>
17. INFORMANT (ADDRESS)	<u>Horn George Donigan</u> <u>3611 Marcus</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Western Lutheran Cemetery</u>	DATE <u>Mar. 12, 1935</u>
19. UNDERTAKER (ADDRESS)	<u>Mr. M. Schumacher</u> <u>4834 Nash Bridge</u>	
20. FILED	<u>11</u> 1935	19 <u>J. F. Brudeck</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to March 9, 1935.
I last saw her alive on 3-2, 1935. Death is said to have occurred on the date stated above, at 5:45 P.
The principal cause of death and related causes of importance were as follows:
Coronary thrombosis
Hypertensive heart disease
arteriosclerosis

Other contributory causes of importance:
Hypertensive heart disease

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....
Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Carl J. Reis, M. D.
(Address) 3700 Washington

