

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.

MAR 25 1936

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

Do not use this space.

7540

1. PLACE OF DEATH

County St. LouisRegistration District No. 789Township Normandy CentralPrimary Registration District No. 6033City Pine Lawn(No. 3718 Jennings rd.)

File No.

Registered No. 67

St. Ward)

2. FULL NAME Loretta McDonough(a) Residence, No. 4929 Thekla St., 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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John D. McDonough

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6/28/1892

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
43 7 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.13. NAME Joseph M Ghio14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy15. MAIDEN NAME Louisa Cassapa16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Italy17. INFORMANT Adeline M Donovan
(ADDRESS) 4929 Thekla Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary Cemetery 2/22/193619. UNDERTAKER Arthur J. Donnelly
(ADDRESS) 3840 Lindell Blvd.20. FILED 2-22-36 W. Baehner
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/20/36 1922. I HEREBY CERTIFY, That I attended deceased from June 25, 1934 to 2/20/1936, 19I last saw h. et. alive on 2/20/1936, 19. Death is said to have occurred on the date stated above, at 2:30AM

The principal cause of death and related causes of importance were as follows:

Chr. cardiovascular renal disease,
Chr. myocarditis, Chr. endocarditis,
with mitral insufficiency, decompensated. Chr. Interstitial nephritis,
Chr. albuminuria.

Date of onset

6/25/34

Other contributory causes of importance:

General anasarca; uremia, myocardial failure caused by block heart.

1/16/36

Name of operation Date of

What test confirmed diagnosis? Clf Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Date of injury

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 2/20/36(Signed) W. Baehner(Address) 3718 Jennings rd.

M. D.

