

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.

MAY 27 1936

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

Do not use this space.

16784

1. PLACE OF DEATH

County St. Louis County
Township Central
City St. Vincent's Sanitarium (No. _____)

Registration District No. 989
Primary Registration District No. 6033
St. Vincent's Sanitarium

File No. _____
Registered No. 123
St. _____ Ward _____

2. FULL NAME Sister Maxentia Donlon

(a) Residence, No. St. Vincent Sanitarium Ward. _____
(Usual place of abode)

(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) Religious

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 15 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
82 " " "

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teacher
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) England

MOTHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER 15. MAIDEN NAME Unknown

FATHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Sister Mary, Irene, Sec'y.
(ADDRESS) St. Vincent's Sanitarium.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cahary DATE April 17 1936

19. UNDERTAKER Edw. J. Kambered
(ADDRESS) 4812 St. Louis ave

20. FILED 4-15 1936 Edw. J. Kambered
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 15, 1936

I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Apr 15, 1936

I last saw her alive on Apr 14, 1936. Death is said to have occurred on the date stated above, at 8:10 a.m.

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

Lobar Pneumonia (Rt)

Date of onset 4-12-36

Other contributory causes of importance:

Chronic Myocarditis
Renal

1933
1933

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) S. A. Nestor, M. D.

(Address) St. Vincent Sanitarium

