OCT 14 1937

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

32507

Do not use this space.

1. PLACE OF DEATH

(a) County.....

(b) Township.....

(c) City St. Louis

Registration District No. 791

Primary Registration District No. 1003

Registered No. 8561

(d) Street No. City Hospital No. 1 St.

(If death occurred in Hospital or Institution, write its name instead of street and number)

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

C. 8273

2. PRINT FULL NAME Mary Donius

(a) Residence, No. 2211 a Benton St. 20

(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1868

7. AGE: Years 69; Months 1; Days 28; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as saw mill, bank, etc. hwk at home

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

FATHER

13. NAME JEREMIAH NOLAND

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IRELAND

MOTHER

15. MAIDEN NAME MARY SHERIDAN

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT (ADDRESS) Hosp. Info M. Kent

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEMETERY DATE SEPT. 13, 1937

19. FUNERAL DIRECTOR Goodhart & Goodhart (ADDRESS) 2228 N. Lowe ave

20. FILED SEP 12 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 9/8/37, 19 to 9/9/37, 19

I last saw her alive on 9/9/37, 19 Death is said to have occurred on the date stated above, at 8.19 p.m.

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

	Date of onset
Myocarditis, chronic	

Other contributory causes of importance:

arteriosclerosis general	

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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) E. C. Rich, M. D.

(Address) City Hospital No. 1

(Licensed Embalmer's Statement on Reverse Side)

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.

50M 6-37 1 X12004

STATEMENT BY LICENSED EMBALMER

I, Charles J. Goodhart, Licensed Embalmer No. 2777 hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles J. Goodhart L. E. No. 2777 or by ....., Registered Apprentice No. ..... working under my personal supervision.

Signed Charles J. Goodhart

Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)