

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

35912
Do not use this space.

NOV 15 1937

1. PLACE OF DEATH
(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003** Registered No. **9489**
(c) City (d) Street No. **1506 HADLEY PL.** St.
(e) Length of residence in city or town where death occurred **52 yrs. 4 mos. 7 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **DELIA MC DONNELL**
(a) Residence, No. **1506 HADLEY PL.** St. **26** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 **CHARLES MC DONNELL**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **MAY 22, 1885**
7. AGE YEARS **52** MONTHS **4** DAYS **17** If LESS than 1 day, hrs. or min.
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. **HOUSEWIFE**
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.**

FATHER 13. NAME **HENRY FISHBACK**
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO.**

MOTHER 15. MAIDEN NAME **ANNIE GIBBONS**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **ST. LOUIS, MO.**

17. INFORMANT **CHARLES MC DONNELL**
(ADDRESS) **1506 HADLEY PL**

18. BURIAL, CREMATION, OR REMOVAL.
PLACE **CALVARY CEMETERY** DATE **OCT. 12, 1937**

19. FUNERAL DIRECTOR **Goodhart & Goodhart**
(ADDRESS) **2238 1/2 Locust Ave**

20. FILED **OCT 11 1937**
J. Bredbeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. Sat. 9th 1937**

22. I HEREBY CERTIFY, That I attended deceased from **May 6 1937**, to **Sat. Oct. 9 1937**
I last saw her alive on **Oct. 9 1937**. Death is said to have occurred on the date stated above, at **1:30** A. M.

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

Carcinoma of Cervix
Lymphoedema of leg, left
Date of onset

Other contributory causes of importance:
Surgery + X-ray + Biopsy at Badham Free Skin & Cancer Hospital.

Name of operation **None** Date of
What test confirmed diagnosis? **Biopsy** 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 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? **No**
If so, specify **At Howard's**, M. D.
(Signed) **City Hospital**
(Address) **City Hospital**

Goodhart

9187

*1874
R. P. Jensen*

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 *Erin W. Melanson*

L. E.

No. *3575* 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.)