

JAN 10 1938

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

43364  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. 7811  
(b) Township..... Primary Registration District No. 1003  
(c) City ST. LOUIS MO. (d) Street No. 2641A LAFAYETTE AV. 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. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

ANNA DORAN  
(a) Residence, No. 2641A LAFAYETTE AV. St. 23 (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) SINGLE  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 5-1876  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 1 11  
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. HOUSEKEEPER.  
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) ILLINOIS  
13. NAME JAMES DORAN.  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILLINOIS  
15. MAIDEN NAME MARGARET GUINLAN.  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) BRUNSWICK  
17. INFORMANT CATHERINE DORAN. (ADDRESS) 2641A LAFAYETTE AV.  
18. BURIAL, CREMATION, OR REMOVAL PLACE MT. CARMEL CEM. DATE DEC. 20, 1937

19. FUNERAL DIRECTOR E. J. Schmur (ADDRESS) 3125 Lafayette Ave.  
20. FILED DEC 13 1937 J. J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC. 16 1937

22. I HEREBY CERTIFY That I attended deceased from Dec 7 1937 to Dec. 16 1937

I last saw her alive on Dec. 15 1937 Death is said to have occurred on the date stated above, at 6 p.m.

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

Bronchial pneumonia  
234  
930  
Other contributory causes of importance:  
Myocarditis chronic

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? no  
If so, specify..... (Signed) E. M. Perkins, M. D.  
(Address) 3012 Lafayette

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.

683

X12004

STATEMENT BY LICENSED EMBALMER

I, Joseph B. Kollmer, Licensed Embalmer No. 4014

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Joseph B. Kollmer

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Joseph B. Kollmer

Licensed Embalmer No. 4014

**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.)**