

REC'D AUG 12 1938

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

23309

Do not use this space.

## 1. PLACE OF DEATH

(a) County.....  
 (b) Township.....  
 (c) City St. Louis (d) Street No. 5129 Goethe Ave. St. 791  
 (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. 1008  
 (If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME Josephine E. Donk

(a) Residence, No. 5129 Goethe Ave. St. 2 (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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late August H. Donk

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6, 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
62 6 27

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. 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.13. NAME Maurice Clancy14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland15. MAIDEN NAME Bridget O'Connor16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland17. INFORMANT Maurice F. Donk  
(ADDRESS) 5129 Goethe Ave.18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 7-6, 193819. FUNERAL DIRECTOR (NAME) (ADDRESS) Kriegshauser Mortuary  
4228 So. Kingshighway20. FILED JUL 5 1938 J. F. C. [Signature]  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 30, 1938 to July 3, 1938  
 I last saw her alive on July 3, 1938. Death is said to have occurred on the date stated above, at 10:35 A.M.  
 The principal cause of death and related causes of importance were as follows:  
 Date of onset

Paralytic ileus, 1 wk.

Other contributory causes of importance:  
Cirrhosis Liver  
arterio-sclerotic  
anemia

Name of operation none Date of.....  
 What test confirmed diagnosis?..... 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.....  
 (Signed) H. F. Westphalinger, M. D.  
 (Address) 1901 Alfred Ave.

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.

Dr. Masipraelin  
1901 Alfred Ave.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision.

Signed *Edwin A. McLaughlin*

Licensed Embalmer No. *3024*

P. O. Address \_\_\_\_\_

**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.)**

**If this body is not embalmed, above space should be left blank.**