

JUL 12 1939 791  
1008

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1008**  
(a) County **St. Louis**  
(b) City or town \_\_\_\_\_  
(c) Name of hospital or institution: **DePaul Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 Hours**  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days  
3. (a) PRINT FULL NAME **LORETTA Donohue**  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **W.** 6. (a) Single, widowed, married, divorced \_\_\_\_\_  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **June 10 1939**  
**6:30 A.M.** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**0 0 0 9 hr. 0 min.**

9. Birthplace **Creve Coeur Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **William James Donohue**  
13. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Margaret Carey**  
**St. Louis Mo.**  
(City, town, or county) (State or foreign country)

15. Birthplace \_\_\_\_\_

16. (a) Informant's own signature **Wm. J. Donohue**  
(b) Address **5579 Era Ave.**

17. (a) **Calvary** (b) Date thereof **June 12, 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**  
18. (a) Signature of funeral director **Arthur J. Donnelly**  
**3840 Lindell Blvd.**

(b) **JUN 12 1939**  
19. (a) **JUN 12 1939** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County \_\_\_\_\_  
(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5579 Era Ave.** **7**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **June** day **10**  
year **1939** hour **3** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **JUNE 10** to **JUNE 10**, 19**39**  
that I last saw her alive on **6-10**, 19**39**  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
**Premature Birth 1 Day**

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature **J. F. Breda** (M. D. or other) \_\_\_\_\_  
Address **4114 W. 7th St.** Date signed **6/11/39**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Rev. 6-11-39 1 X2511

4112 W. Florissant Ave. CO. 2033  
4318 W. Florissant 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 W. VanMatre

Licensed Embalmer No. 2825

P. O. Address 3840 Lindell

**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.**