WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5275

FILED MAR 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1523

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 600

(c) City or town St. Louis 1713
(If outside city or town limits, write "RURAL")

(d) Street No. 5800 Arsenal St. 9
(If rural, give location) 0

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ellan Donlon

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex female

5. Color or race white

6. (a) Single, widowed, married, divorced single 0

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Don't Know (Month) (Day) (Year)

8. AGE: Years A bout 82 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Thomas Donlon
13. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Clark
15. Birthplace (City, town, or county) 4 Ireland (State or foreign country)

16. (a) Informant Mrs. Mary Ryan
(b) Address 1274 Wagner Terras

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 17/41 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) FEB 17 1941 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 16 year 1941 hour 3 minute 15 P.M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Left Femur Arteriosclerosis suffered when she slipped and fell to floor at City Infirmary on Feb 6. 1941 about 12.00 Oclock Noon

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 1860
Of autopsy 18

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) Accident
(b) Date of occurrence Feb 6. 1941 00
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? (e) Means of injury 3

23. Signature Alfred G. Perry (M. D. or other)
Address Lipsitz Room Date signed 2/17/41

(Licensed Embalmer's Statement on Reverse Side)

City Corner

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.

NO EMBALMING

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.