

No. 2\*  
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5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED MAY 9 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

15762

State File No. ....

Registrar's No. 878

Registration District No. 784

Primary Registration District No. 101

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

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4-Days  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 320 N. Central  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Gloria Rose O'Donoghue

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Dec 2 1923  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>17</u>	<u>4</u>	<u>21</u>	.....hr. ....min.

9. Birthplace St. Louis Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Student

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

MOTHER FATHER { 12. Name John O'Donoghue

13. Birthplace Wales England  
(City, town, or county) (State or foreign country)

14. Maiden name Amalia Gaubatz

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant John O'Donoghue

(b) Address 320 N. Central Clayton, Mo.

17. (a) Burial (b) Date thereof 4-25-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park

18. (a) Signature of funeral director Charles J. Kron

(b) Address 4911 Washington St. Louis

19. (a) APR 24 1941 (b) G. R. Meyer, M.D., Dr. P.V.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23  
year 1941 hour 8:12 minute \_\_\_\_\_ A. 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 While riding as a passenger in an auto on a public highway said auto was struck by another auto after it collided with a truck.

Due to Fracture of skull; subdural and subarachnoidal hemorrhage

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

Major findings: Of operations \_\_\_\_\_

Of autopsy Yes

Duration \_\_\_\_\_  
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 April 20, 1941

(c) Where did injury occur? Page & Woodson Rds.  
(City or town) (County) (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 Auto

23. Signature Louis H. Boy (M. D. or other) \_\_\_\_\_  
Address Kirkwood, Mo. Date signed 4/24/41

**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

*Thomas R. Fenwick*

Licensed Embalmer No.

*3793*

P. O. Address

*Thomas Mo*

**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, fact should be so stated above.**

WHITE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 15762

Registration District No. 784

Primary Registration District No. 161

Registrar's No. 876

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis County Hospital  
(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 St. Louis  
(c) City or town Clayton  
(If outside city or town limits, write "RURAL")  
(d) Street No. 320 N. Central Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Gloria Rose O'Donoghue

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color, or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased December 2, 1923  
(Month) (Day) (Year)

8. AGE: Years 17 Months 4 Days 21 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Cape Girardeau Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation School Girl

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

12. Name John O'Donoghue

13. Birthplace Wales England  
(City, town, or county) (State or foreign country)

14. Maiden name Amalia Gaubatz

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John O'Donoghue

(b) Address 320 N. Central Ave.

17. (a) Burial (b) Date thereof 4/25/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Charles R. Gannon Home  
(b) Address 4911 Washington Blvd.

19. (a) APR 23 1941 (b) S. R. Meyer MD Dep't.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month Apr. day 23  
year 1941 hour 8 minute 12 A. M.

21. I hereby certify that I attended the deceased from 4-22-41  
1941 to 4-23-41 1941;  
that I last saw her alive on 4-23-41 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Sub dural hemorrhage  
Sub arachnoid hemorrhage  
Depressed frontal skull fracture  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

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

Major findings Of operations \_\_\_\_\_

Or autopsy Depressed frontal skull fract. & subdural & sub-arachnoid

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident

(b) Date of occurrence 4/22/41

(c) Where did injury occur? Wellston St. Louis, Mo.  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place - Kay Ave. W. Wellston

While at work? no (Specify type of place) (e) Means of injury Auto accident

23. Signature L. Kimmann (M. D. or other) MD

Address Clayton, Mo. Date signed 4/23/41

Duration

3 days

3 days

3 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

S-15762

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**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 Thomas R. Fawcett

Licensed Embalmer No. 3793

P. O. Address St Louis Mo.

**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.**