

DEC 22 1941 911

State File No. \_\_\_\_\_  
Registrar's No. **8696**

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

Primary Registration District No. **1003**

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

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: Lutheran Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 months  
(Specify whether years, months or days)

In this community 3 months

**3. (a) PRINT FULL NAME** Venessa Donohue

**3. (b) If veteran,** name war None

**3. (c) Social Security No.** None

**4. Sex** Female **5. Color or race** White

**6. (a) Single, widowed, married, divorced** Widowed

**6. (b) Name of husband or wife** Arthur Donohue

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

**7. Birth date of deceased** March 31 1886  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>55</u>	<u>7</u>	<u>1</u>	

**9. Birthplace** Charleston Missouri 0  
(City, town, or county) (State or foreign country)

**10. Usual occupation** Clerk

**11. Industry or business** Merchandise Store

**MOTHER FATHER**

**12. Name** S. Rosenstein

**13. Birthplace** Unknown 9  
(City, town, or county) (State or foreign country)

**14. Maiden name** Flora Marx 9

**15. Birthplace** Unknown 9  
(City, town, or county) (State or foreign country)

**16. (a) Informant** Janice Donohue

**(b) Address** 4727 Shenandoah ave.

**17. (a) Burial** **(b) Date thereof** Nov. 3, 1941.  
(Burial, cremation, or removal) (Month) (Day) (Year)

**(c) Place: burial or cremation** Mt. Hope Cemetery

**18. (a) Signature of funeral director** C. Hoffmeister & Co.

**(b) Address** 7814 S. Broadway

**19. (a) Nov 2 1941** **(b) J. F. Bradeck**  
(Date received final report) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois **(b) County** 11

(c) City or town Chicago **(If outside city or town limits, write "RURAL")**

(d) Street No. 5332 Cornell st.  
(If rural, give location)

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

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month Nov day 1  
year 1941 hour 5 minute 25 A.M.

**21. I hereby certify that I attended the deceased from** July 4 1941, to Oct. 31 1941;  
that I last saw her alive on October 31 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia hypostatic  
Pneumonia

Duration 10 days  
2 mos

Due to Generalized Pneumonolosis 3 mos

Due to Ca of sigmoid Colon

Other conditions I  
(Include pregnancy within 3 months of death)

**PHYSICIAN**

Major findings: H/O  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 \_\_\_\_\_

(c) 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)**

(a) Means of injury 0

**23. Signature** Walter H. Hoeh **(M. D. or other)** MD

Address 2602 South Grand Date signed 11/1/41

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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 Harry J. Schumacher  
Licensed Embalmer No. 2679  
P. O. Address 732 Lemay Ave

**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.**