

FILED MAR 17 1942 791
Registration District No. _____

Primary Registration District No. _____

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: Maryville College. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 66 Years.
years, months or days)

3. (a) PRINT FULL NAME Mother Angela Donnelly.

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

4. Sex F. / 5. Color or race W. 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 May 16, 1857.
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84</u>	<u>8</u>	<u>17</u>	hr. _____ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 1)

10. Usual occupation Teacher.

11. Industry or business _____

MOTHER FATHER { 12. Name Patrick Donnelly.

13. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

14. Maiden name Mary McFaul. (City, town, or county) (State or foreign country) 4

15. Birthplace Dont Know. (City, town, or county) (State or foreign country)

16. (a) Informant Reverend Mother Mouton.

(b) Address 2900 Meramec St.

17. (a) Burial. (b) Date thereof 2-5-42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) FEB 4 1942 (Date received local Registrar) J. F. Brodick (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. 2900 Meramec St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 3rd.
year 1942 hour 2. minute 45 A. M.

21. I hereby certify that I attended the deceased from Jan. 1940 to Jan. 1942
that I last saw her alive on Jan. 29 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Duration + 3 years

Due to General Arteriosclerosis

Due to _____
Other conditions _____ (Includes pregnancy within 3 months of death) 97

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 _____
(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) (c) Means of injury _____

23. Signature Harold Leggett (M. D. or other) M.D.
Address 3720 Washington Date signed 2/3/42

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

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 Stanley Marshall

Licensed Embalmer No. 2868

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, fact should be so stated above.