

FILED APR 8 1942 791

Registration District No. \_\_\_\_\_ Primary Registration District No. **1003**

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: 3661<sup>1/2</sup> Humphrey St.  
(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

3. (a) PRINT FULL NAME Nellie Doran

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

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

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

7. Birth date of deceased June 3 1873  
(Month) (Day) (Year)

8. AGE: Years 68 Months 9 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name John Sheridan

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

14. Maiden name Bridget Unknown

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

16. (a) Informant William Doran

(b) Address 3661<sup>1/2</sup> Humphrey St.

17. (a) Burial (b) Date thereof 3-13-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director With Bur. & No

(b) Address 2929 S. Jefferson Av.

19. (a) MAR 11 1942 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 16  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3661<sup>1/2</sup> Humphrey St.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10  
year 1942 hour 2 minute 30 am

21. I hereby certify that I attended the deceased from October 10<sup>th</sup>  
1924 to March 10<sup>th</sup>, 1942  
that I last saw her alive on March 10<sup>th</sup>, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death: Mitral Regurgitation Heart 10 yrs.  
Due to Chronic Myocarditis 10 yrs.

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 \_\_\_\_\_  
(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)  
(e) Means of injury \_\_\_\_\_  
23. Signature Albert Beisbarth (M. D. or other) MD  
Address 3548 S. Grand Bl. Date signed 3-11-42

**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.....

*Paul A. Shanahan*

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Paul A. Shanahan*

Licensed Embalmer No. *3472*

P. O. Address *2929 S. Jefferson*

**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.**