

S. No. 2  
M-9-4-41  
v. 5-17-39  
P-1, X29484

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

38982

State File No. ....

FILED JAN 14 1943

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 11097

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  
4205 Margaretta  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution  
49 years (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 St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 4205 Margaretta  
(If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Rose Lonahan

3. (b) If veteran, name war No 3. (c) Social Security No. 494-09-2264

4. Female 5. Color of race White 6. (a) Single, widowed, married, divorced Married  
 (b) Name of husband or wife Geralt Lonahan 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased Aug. 30, 1893  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>49</u>	<u>4</u>	<u>1</u>	hr. min.

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

10. Usual occupation Shoe Maker

11. Industry or business Samuel Shoe Co.

12. Name Anthony Domagalla

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

14. Maiden name Margaret Dypsch

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

16. (a) Informant Mr. Geralt Lonahan

(b) Address 4205 Margaretta

17. (a) Burial (b) Date thereof Jan 4, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cabary Cemetery

18. (a) Signature of funeral director Howard Funeral Home

(b) Address 4212 St. Louis Ave.

19. (a) DEC 31 1942 (b) J. F. Budek  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 31 day 1942  
 year 1942 hour 6:15 minute P.M.  
 21. I hereby certify that I attended the deceased from Dec 16-1935  
 to Dec 31, 1942  
 that I last saw her alive on Dec 23, 1942  
 and that death occurred on the day and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 7 years

Due to Rheumatic Fever

Due to AS

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

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

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

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? \_\_\_\_\_

(Specify type of place) \_\_\_\_\_

23. Signature Louis A. Schwob (M.D. or other) D.C.  
(Specify type of place) (Specify means of injury)

Address 1415 S Broadway Date signed Jan 2-1943

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

14097  
14097

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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     *Jos. A. Howard*      
Licensed Embalmer No.     4139      
P. O. Address.....

**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.**