

FILED DEC 29 1943

Registration District No. 318

Primary Registration District No. ....

1. PLACE OF DEATH:

(a) County .....  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4164 McPherson Ave.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL")  
(d) Street No. 4161 McPherson Ave. (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Margaret Doran

3. (b) If veteran, name war None 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 15 1898  
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation School Teacher

11. Industry or business Board Of Education

12. Name Charles Doran

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

14. Maiden name Agnes Walsh

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

16. (a) Informant Miss Ame Childs

(b) Address 206 S. Maple Ave

17. (a) Burial (b) Date thereof 12/15/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Galvary Cent.

18. (a) Signature of funeral director Harrison & Sheehan Und Co

(b) Address 4415 Washington Blvd.

19. (a) DEC 14 1943 (b) J. F. Brudack  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 13th.  
year 1943 hour 11 minute 46 AM

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....

that I last saw him alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar pneumonia primary

Due to .....

Due to 108

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations .....

Of autopsy .....

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) .....

(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 Thomas F. Callahan (M.D. or other)

Address Deputy Coroner Date signed 12-14-43

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

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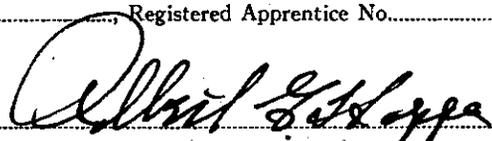
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**STATEMENT BY LICENSED EMBALMER**

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



Licensed Embalmer No. 2971

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.**