

FILED SEP 21 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's 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:
5479 Thrush Ave, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community Dont Know
(years, months or days)

3. (a) PRINT FULL NAME Lucille Donovan

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

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Harry Donovan 6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased Oct. 20, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 10 18 hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

MOTHER FATHER
12. Name B. F. Jones
13. Birthplace Dont Know Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Sims
15. Birthplace Dont Know Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry Donovan
(b) Address 5479 Thrush Ave.

17. (a) Burial (b) Date thereof 9-11-45
(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 3848 Lindell Blvd

19. (a) SEP 10 1945 (b) J. Medeck
(Date received local registrar) (Registrar's signature)

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. 5479 Thrush Ave.
(If rural, give location)
(e) Citizen of foreign country? 0
(Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8
year 1945 hour 12 minute 10 A.M.

21. I hereby certify that I attended the deceased from June 1943 to Sept 8 1945
that I last saw her alive on Sept 8 45
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Uterus
Duration 2 yr

Due to _____

Due to _____

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

Major findings: 486
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 J. St. Jege (M. D. or other)
Address 7875 Madison Date signed 9/8/45

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

10
17
9

Dr. Stuegel
1875 Madison St
2-3

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..... *W. H. Van Matre*
Licensed Embalmer No. *2825*
P. O. Address *4340 Lafayette*

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.