

S. No. 2
M-5-43
v. 5-17-39
I X28671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
U. S. GOVERNMENT PRINTING OFFICE: 1945
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29213

State File No.

FILED OCT 12 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8573

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 3633 Hickory St.
(d) Length of stay: 50 Yrs.
In this community 50 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 18
(c) City or town St. Louis 17
(d) Street No. 3633 Hickory St. 9
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Delia McDonough
3. (b) If veteran, name war
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 2nd., year 1945 hour 11 minute 30 p.m.

4. Sex F. 5. Color or race W.
6. (a) Single, widowed, married, divorced S. O.
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dec., 20th., 1863 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 17, 1945, to Oct 2, 1945, that I last saw him alive on Oct 2, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration 3

8. AGE: Years 81 Months 9 Days 12 If less than one day hr. min.

Due to
Due to

9. Birthplace Ireland (City, town, or county) (State or foreign country)
10. Usual occupation At Home

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

11. Industry or business
12. Name Peter McDonough
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Bridget Costella (City, town, or county) (State or foreign country)
15. Birthplace Ireland (City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Agnes Ford
(b) Address 3633 Hickory St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-6-45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

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?

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.
19. (a) OCT 4 1945 (Date received local registrar)
(b) J. J. Predeck (Registrar's signature)

While at work? (Specify type of place) (2) Means of injury
23. Signature Edison M. ... (M. D. or other)
Address 1504 So. ... Date signed 10-3-45

6-1
1564 So Hwy
Dumont

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 VanMatre
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.