

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36677

UNITED STATES BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **38536**
Registrar's No. **2580**

FILED NOV 17 1945
Registration District No. **291**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Bridgeton Terrace
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
#29 St. Rita Lane
(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 Dennis McDonough

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

4. Sex M. 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: March 30th., 1944
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>1</u>	<u>7</u>	<u>7</u>	hr. _____ min.

9. Birthplace St. Louis Mo. 6
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Eugene McDonough

{ 13. Birthplace St. Louis Mo. 0
(City, town, or county) (State or foreign country)

{ 14. Maiden name Adelle McConnell

{ 15. Birthplace St. Louis Mo. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Eugene McDonough

(b) Address #29 St. Rita Lane

17. (a) Burial (b) Date thereof 11-9-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Lonnelle

(b) Address 3840 Lindell Blvd.

19. (a) 11-10-45 (b) E. J. (Mishan)
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Bridgeton Terrace 0
(If outside city or town limits, write "RURAL")

(d) Street No. #29 St. Rita Lane 0
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 7th.,
year 1945 hour 6 minute 30 p. M.

21. I hereby certify that I attended the deceased from birth
to death, 19____, to 11-7-45, 19____;
that I last saw h. im alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Congenital Deaf since birth

Due to _____

Due to _____

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

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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)

3. Signature [Signature] (M. D. or other) _____

Address 3720 Wash Date signed 11-8-45

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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.