

FILED JUL 7 1947 318

Primary Registration District No. **1003**

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

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:  
**1471 Sproule 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.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County.....

(c) City or town **St. Louis**  
(If outside city or town limits, write "RURAL")

(d) Street No. **1471 Sproule Ave.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME **Margaret Kathryn Donnelly**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex **F** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **James J.** 6. (c) Age of husband or wife if alive **77** years

7. Birth date of deceased **Oct. 26 1876**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**71** - ~~71~~ - **7** **28** hr. min.

9. Birthplace **Scranton, Pennsylvania**  
(City, town, or county) (State or foreign country)

10. Usual occupation **retired housewife**

11. Industry or business

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Marie Mueller**

(b) Address **7371 Hazel**

17. (a) **Buried** (b) Date thereof **6-27-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cem**

18. (a) Signature of funeral director **Jay B. Smith**

(b) Address **7456 Manchester Ave.**

19. (a) **110126** (b) **J. F. Bruseck**  
(Date received local Registrar's signature) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **24**  
year **1947** hour **5** minute **A.** M.

21. I hereby certify that I attended the deceased from **June 23**, 19**47**, to **June 24**, 19**47**, and that I last saw her alive on **June 11**, 19**47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease** **5 years**

Due to **Hypertension + Arterio** **5 years**  
**sclerosis**

Other conditions **Pericardial Effusion** **20 years**  
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsies.....

PHYSICIAN

Underline the cause of 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?..... (Specify type of place)

While at work?..... (c) Means of injury.....

23. Signature **Arvester A. Dill** (M. D. or other) **0**

Address **7346a Manchester** Date signed **6-25-47**

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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.....

*J. Burgess*

Licensed Embalmer No. 4029

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.