S. No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 23 1947

#77369

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32455

Registration District No. 1318 Primary Registration District No. 1003 Registrar's No. 8669

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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 000

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2001a Lynch St. 9
(If rural, give location)

(e) Citizen of foreign country? Memorial 23 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ROSE DONOHUE

3. (b) If veteran, name war None.

3. (c) Social Security No.

4. Sex Female. 1

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 Sep't. 12, 1884.
(Month) (Day) (Year)

8. AGE: Years 63 Months 0 Days 1 If less than one day hr. min.

9. Birthplace Ireland. 7
(City, town, or county) (State or foreign country)

10. Usual occupation Housework.

11. Industry or business

FATHER
12. Name Patrick Donohue.
13. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Cunningham.
15. Birthplace Ireland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant John Donohue
(b) Address 2001a Lynch St.

17. (a) Burial. (b) Date thereof Sep't. 16, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director J. J. Quinn
(b) Address 1389 Union Blv'd.

19. (a) SEP 15 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 13th
year 1947 hour 6:25 minute A M.

21. I hereby certify that I attended the deceased from Sept. 8, 1947, to Sept. 13th 1947;
that I last saw her alive on Sept. 13th 1947;
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Cirrhosis of liver
peritonitis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (e) Means of injury

23. Signature John R. Loughead, M.D.
(M.D. or other)

Address 1515 Lafayette 9/13/47 Date signed

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Rex E. Campbell

Licensed Embalmer No. 3881

P. O. Address St. Louis, Mo.

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.