

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6289
1876
Registrar's No.

FILED MAR 4 1948
Registration District No. 318

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
In this community 64 years. (Specify whether years, months or days)

3: (a) PRINT FULL NAME Patrick J. Donlan,

3: (b) If veteran, name war none
3: (c) Social Security No. none

4. Sex Male
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 August 25th, 1885
(Month) (Day) (Year)

8. AGE: Years 64, Months 5, Days 28
If less than one day hr. min.

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

10. Usual occupation City Fireman
City of St. Louis

11. Industry or business James Donlan

12. Name James Donlan

13. Birthplace Ireland

14. Maiden name Ann Marie Grady

15. Birthplace Ireland

16: (a) Informant Mrs. Mayme Griffard,

(b) Address 2516a East Sullivan Ave.

17: (a) Burial (b) Date thereof 2-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18: (a) Signature of funeral director Leidner Und Co.

(b) Address 2223 St. Louis Ave.,

19: (a) FEB 24 1948 J. F. Brennan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2516a East Sullivan Ave.,
20 (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 23
year 1948 hour 6 minute AM

21. I hereby certify that I attended the deceased from February 8, 1948 to February 23, 1948,
that I last saw him alive on February 22, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
Duration 5 day

Due to Hypertensive Cardiac disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Doctor Simons (M. D. or other) M.D.

Address 2202 University St. Date signed 2/23/48

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

John P. Buchholz

..... Licensed Embalmer No. *1674*

P. O. Address *2223 St. Louis Ave*

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.