

No. 2  
1/47  
5-17-39

National Office of Vital Statistics  
FILED MAY 11 1948

Registration District No. **318**

Primary Registration District No. **1003**

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 **St. Ann's Home - 5301 Page Bl.**  
(If not in hospital or institution, write street number and location)  
(d) Length of stay: In hospital or institution **27 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Mo.** (b) County **oro**  
(c) City or town **St. Louis** **17**  
(If outside city or town limits, write "RURAL") **40**  
(d) Street No. **5301 Page Blvd.**  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country .....

3. (a) PRINT FULL NAME **Josephine M. Doran**

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 **W.**  
6. (b) Name of husband or wife **Lawrence J. Doran** 6. (c) Age of husband or wife if alive **Unk. Unk. 1861** years  
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**87 Unk. Unk.** hr. min.

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

10. Usual occupation **At Home**

11. Industry or business **Unknown**

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 **Mr. Robt. Schlafley**  
**Beatman's Bank Bldg.**  
(b) Address

17. (a) **Burial** (b) Date thereof **5-4-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary**

18. (a) Signature of funeral director **Arthur J. Bonnelly**  
**3840 Lindbergh Blvd.**  
(b) Address

19. (a) **MAY 3 1948** (b) **J. F. Breda**  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **1st.** year **1948** hour **7** minute **P.** M.

21. I hereby certify that I attended the deceased from **1935** to **May 1**, 19**48**  
that I last saw him alive on **May 1**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death: **Cerebral Thrombosis** **2 yrs**  
**Cerebral Arteriosclerosis**

Due to **Senility**

Other conditions (include pregnancy within 3 months of death) **83**

Major findings: **no**  
Of operations

Of autops: **no**

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? .....

While at work (Specify type of place) (c) Means of injury .....

23. Signature **Dr. J. M. Langan** (M. D. or other)

Address **5803 E. Monticello** Date signed **7/2/48**

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

MOTHER FATHER

12-1 pm

JUN 4 1948

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.