No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18230

Registration District No. FILED JUN 15 1948 Primary Registration District No. 3069 Registrar's No. 1237

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmond Heights (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3-weeks (Specify whether years, months or days)
In this community: (Mary McDonnell)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: 096
(c) City or town: St. Louis (If outside city or town limits, write "RURAL") 17
(d) Street No.: 6100 Waterman Ave. (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) N
If yes, name country:

3. (a) PRINT FULL NAME: Sister Mary Costanza
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: S. O
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Nov. 5th., 1888 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
59	6	10	hr. min.

9. Birthplace: St. Louis (City, town, or county) Mo. (State or foreign country) O
10. Usual occupation: Religious
11. Industry or business:
FATHER 12. Name: Joseph McDonnell
13. Birthplace: Ireland (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Catherine Kearns
15. Birthplace: Ireland (City, town, or county) (State or foreign country)
16. (a) Informant: Sister Donata Marie
(b) Address: 6100 Waterman Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-18-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Calvary
18. (a) Signature of funeral director: Arthur J. Donnelly
(b) Address: 3840 Lindell Blvd.
19. (a) 5-17-48 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th., year 1948 hour 2 minute 40 P. M.
21. I hereby certify that I attended the deceased from April 20, 1948, to April, 1948 that I last saw her alive on May 15, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary Embolism
Due to: Embolism from Thrombosis
Bronchial Carcinoma
Due to: Lateral Hernia.
Other conditions: (Include pregnancy within 3 months of death) 220

Major findings: Of operations: Carcinoma Ileum
Lat. to Strangulated Hernia
Of autopsy: Incl.

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? (Specify) Means of injury: O
23. Signature: (M. D. or other)
Address: Date signed: 5/17/48

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

429 Mars Club Bldg
1-3
Je 9962

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.