FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24502

Registrar's No. 6863

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 ST. LOUIS ALTENHEIM HOME
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 (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. 5408 So BROADWAY
(If rural, give location)

(e) Citizen of foreign country? 9 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME NONIE McDONOUGH

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

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 APRIL (Month) 20th (Day) 1874 (Year)

8. AGE: Years 74 Months 3 Days 14 If less than one day hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

FATHER
12. Name PATRICK McDONOUGH
13. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

MOTHER
14. Maiden name ANNIE KING
15. Birthplace IRELAND (City, town, or county) (State or foreign country) 4

16. (a) Informant Irving Scott
(b) Address Los Angeles, Calif.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8/6/48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY CEM

18. (a) Signature of funeral director L. Mullen Und Co
(b) Address 5165 DELMAR BL.

19. (a) AUG 5 - 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 4th
year 1948 hour 2 minute A M.

21. I hereby certify that I attended the deceased from Jan 19, 1945, to Aug 4, 1948
that I last saw h alive on Aug 3, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr Myocarditis	10 mo
Due to: Arteriosclerosis	?
Hypertension	?
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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 Mary Sinkloff (M. D. or other) MD

Address 512 Donovan Date signed 8/4/48

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 H. G. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

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.