

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27650
7695

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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: DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)

3. (a) PRINT FULL NAME Winifred Donnewald

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 Widowed
6. (b) Name of husband or wife John M.
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 25 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 6
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Peter Burns
13. Birthplace Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Roseanna O'Neill
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant George Donnewald

(b) Address 2538 Belt

17. (a) Burial (b) Date thereof 9 - 2 - 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Chas. F. Stuart

(b) Address 1322 N. Union Blvd.

19. (a) SEP 1 1948 (b) J. F. Meehan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2538 Belt
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31
year 1948 hour 7:00 minute _____ A. M.

21. I hereby certify that I attended the deceased from Dec. 13
43 to Aug. 31, 1948
that I last saw her alive on Aug. 30, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease
Cong. Heart Failure
Due to _____

Due to _____
Other conditions Senility of 8
(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)
23. Signature Robert J. Farrell (M. D. or other)
Address 624 N. Union Date signed 9/2/48

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.....

Elmo R. Cadwell

Licensed Embalmer No. 4077

P. O. Address.....

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.