No. 300
10.48

FILED MAY 3 - 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15072

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1071

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1. PLACE OF DEATH a. COUNTY: St. Louis	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Missouri b. COUNTY: Butler
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richmond Heights c. LENGTH OF STAY (in this place): 2 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Poplar Bluff 0124
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital	d. STREET ADDRESS (If rural, give location): 731 Vine St. 1

3. NAME OF DECEASED (Type or Print)	a. (First): Margaret	b. (Middle): Ann	c. (Last): Donnelly	4. DATE OF DEATH (Month) (Day) (Year): April 21, 1952
5. SEX: Female 1	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2	8. DATE OF BIRTH: Dec. 3, 1889	9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: At Home	11. BIRTHPLACE (State or foreign country): Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME: Jeremiah Crowley	13b. MOTHER'S MAIDEN NAME: Unknown	14. NAME OF HUSBAND OR WIFE: Leo L.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S SIGNATURE OR NAME: Leo L. Donnell Jr., Poplar Bluff, Mo.	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Carcinoma	3 Mo
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Uterus Adeno Carcinoma	? yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION: 174X	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 1952, *to* April 21, 1952, *that I last saw the deceased alive on* April 21, 1952, *and that death occurred at* 8:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mc Knight Jr. M.D.	23b. ADDRESS: 4161 Lindell Blvd	23c. DATE SIGNED: April 23 1952
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal	24b. DATE: 4-23-52	24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Poplar Bluff, Mo.		
DATE REC'D BY LOCAL REG.: 4-23-52	REGISTRAR'S SIGNATURE: Herbert R. Domke MD	25. FUNERAL DIRECTOR'S SIGNATURE: Albert H. Hoppe, 4700 Washington Blvd. ADDRESS

SW (Licensed Embalmer's Statement on Reverse Side)

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

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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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed John L Dennehy

Licensed Embalmer No. 4194

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.