

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39586

State File No. _____
REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 547 Registrar's No. 2446

BIRTH NO. _____

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Richmond Heights</u>)	c. LENGTH OF STAY (in this place) <u>3 1/2 mos.</u>	c. CITY OR TOWN <u>University City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>6820 Delmar Blvd.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>ANGERT</u>	c. (Last) <u>DONOVAN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 18, 1954</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Jan. 3, 1875</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerical</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Securities Invst.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Charles, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry Angert</u>	13b. MOTHER'S MAIDEN NAME <u>Addie Thro</u>	14. NAME OF HUSBAND OR WIFE <u>Frank Donovan</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>494-05-2215</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Joan S. Murphy, 818 S. Brentwood</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>		<u>1 year</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma of colon</u> DUE TO (c) _____		<u>2 years</u>
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Sept 27, 1954 to Oct 18, 1954 that I last saw the deceased alive on Oct 18, 1954, and that death occurred at 10 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>George A. Make, M.D.</u>	23b. ADDRESS <u>4161 Lindell</u>	23c. DATE SIGNED <u>10-20-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVED</u>	24b. DATE <u>10/21/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>
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DATE REC'D BY LOCAL OFFICE <u>10/20/54</u>	REGISTRAR'S SIGNATURE <u>Herbert H. Somber</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Alexander & Son - 6175 Delmar</u>
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(Licensed Embalmer's Signature on Reverse Side)

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

Dr. Make
Lindel Med Bldg
Je 31870
after 3 P.M.

✓ 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.....
Signature of Student Embalmer

Signed.....
jos. E. McCulloh

Licensed Embalmer No. *246*

P. O. Address.....
6175 P

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.