

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

3193

MAY 1 - 1940 791
Registration District No.

Primary Registration District No.

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 Children's Hosp.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 17 Hrs
 (Specify whether _____)
 In this community Life
 years, months or days

8. (a) PRINT FULL NAME Due, Donna Mary8. (b) If veteran, name war child 8. (c) Social Security No. child4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced child6. (b) Name of husband or wife child 6. (c) Age of husband or wife if alive _____ years7. Birth date of deceased 2-3-40
(Month) (Day) (Year)8. AGE: Years _____ Months _____ Days 2 If less than one day _____ hr. _____ min.9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)10. Usual occupation child

11. Industry or business _____

12. Name Harold13. Birthplace Illinois
(City, town, or county) (State or foreign country)14. Maiden name Mary McGenies15. Birthplace Nova Scotia
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Wedder(b) Address 416 S. Kings Highway17. (a) BURIAL (b) Date thereof 4-6-40
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation CALVARY18. (a) Signature of funeral director Bullen Kelly(b) Address 1416 N. Taylor Ave.19. (a) APR 6 1940 (b) _____
(Date received local registrar) (Signature of registrar)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 (d) Street No. 5320 Patton
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 - day 5
year 40 hour 3 minute 00 A.M.21. I hereby certify that I attended the deceased from 4-4-40
1940, to 4-5-40, 1940
that I last saw her alive on 4-6-40, 1940
and that death occurred on the date and hour stated above.Immediate cause of death Ante-mortem Hemorrhage Duration 2 days

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)Major findings: _____
Of operations _____Of autopsy Sub-arterial Hemorrhage

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) (e) Means of injury _____

23. Signature F. J. Depert (M. D. or other) MD.Address Childrens Hosp Date signed 4/5

PHYSICIAN

Underline the cause to which death should be charged statistically

Not embalmed
of

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.....

Licensed Embalmer No.....

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, above space should be left blank.