. S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

564

State File No.

AUG FEB 25 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 564

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:
5660a Cabanne Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 175
(If outside city or town limits write "RURAL")

(d) Street No. 5660a Cabanne Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? Life 0 years.

3. (a) PRINT FULL NAME George D. Donnerberg.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

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 Unknown
(Month) (Day) (Year)

8. AGE: Years About 75. Months Days If less than one day hr. min.

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

10. Usual occupation Clerk retired.

11. Industry or business Office work.

FATHER
12. Name Frederic H. Donnerberg.
13. Birthplace ? (City, town, or county) 4 Germany (State or foreign country)

MOTHER
14. Maiden name Maria Emptmeyer
15. Birthplace ? (City, town, or county) 4 Germany. (State or foreign country)

16. (a) Informant Olinda Donnerberg
(b) Address 4023 Lindell Bl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof I-21-41. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director Harry J. Askemeyer
(b) Address 5195 Vernon Ave.

19. (a) JAN 19 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year x 1941 hour 4 minute 40 P M.

21. I hereby certify that I attended the deceased from 1/7/41, 19__, to 1/17/41, 19__;
that I last saw him alive on 1/15/41, 19__;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Myocarditis	10 da.
Due to ~~Chr. Myocarditis~~	
Due to Chr. Cardiomephritis	10 yrs.
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 E. E. Tenaine (M. D. or other) M.D.
Address 2901 Big Bend Date signed 1/18/41

(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 3454 David C. Gibson, Registered Apprentice No. _____, working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 5966 Easton 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, above space should be left blank.