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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 24 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40603

Registration District No. ..... Primary Registration District No. ..... Registrar's No. 10361

1. PLACE OF DEATH:

(a) County .....

(b) City or town SAINT LOUIS: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. LOUIS CITY HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution I DAY (Specify whether

In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County 600

(c) City or town SAINT LOUIS: 17 (If outside city or town limits, write "RURAL")

(d) Street No. 2013 A. EAST GRAND AVE: 5 (If rural, give location)

(e) Citizen of foreign country? NO. 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EMMA OLIVE DONOVAN

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOW 2

6. (b) Name of husband or wife JOSEPH F. DONOVAN

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased JANUARY (Month) 23 (Day) 1874 (Year)

8. AGE: Years 67 | Months II | Days 4 | If less than one day ..... hr. ..... min.

9. Birthplace NEAR JERSEYVILLE (City, town, or county) ILLINOIS (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business .....

FATHER
12. Name WILLIAM WORTH HENSON
13. Birthplace ..... (City, town, or county) ILLINOIS (State or foreign country)

MOTHER
14. Maiden name SARAH E. JENKINS
15. Birthplace ..... (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant MRS BELLE WHITE

(b) Address 2013 EAST GRAND AVENUE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC 29/41 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director C.R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD

19. (a) DEC 29 1941 (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 27th year 1941 hour 8:45 minute A. M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw h..... alive on ....., 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Coronary Thrombosis	
Due to Coronary Sclerosis	
Due to	
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) .....

(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 Alfred J. Perry 3 (M. D. or other)

Address Deputy Coroner Date signed 12/29/41

(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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed. Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address. University City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.