V. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

16089

State File No. 4893

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Months (Specify whether
In this community 2 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County Madison 999
(c) City or town Granite City NR (If outside city or town limits, write "RURAL")
(d) Street No. 2212 Edison ave (If rural, give location)
(e) Citizen of foreign country? no (Yes or No) 2
If yes, name country

3. (a) PRINT FULL NAME CLARENCE Donley
3. (b) If veteran, name war World War
3. (c) Social Security No. 702-12-5995
4. Sex MALE 0
5. Color or race WHITE 1
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife RUTH
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased Aug (Month) 1 (Day) 1894 (Year)

8. AGE: Years 47 Months 10 Days 3 If less than one day — hr. — min.

9. Birthplace Humbolt (City, town, or county) 1 Illinois (State or foreign country)
10. Usual occupation Electric Signal Man
11. Industry or business on Mo Pac RR
FATHER
12. Name ~~Railroad~~ Laurel Donley
13. Birthplace Humbolt (City, town, or county) 1 Illinois (State or foreign country)
MOTHER
14. Maiden name Jennie Wilson
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Ruth Donley
(b) Address 2212 Edison ave
17. (a) removal ~~Granite~~ (Burial, cremation, or removal) (b) Date thereof June 4-1942 (Month) (Day) (Year)
(c) Place: burial or cremation Granite City Ill
18. (a) Signature of funeral director Chas E Mercer
(b) Address Granite City Ill
19. (a) JUN 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 3rd year 1942 hour 2 minute 25 a M.
21. I hereby certify that I attended the deceased from 5-4, 1942, to 6-3, 1942; that I last saw him alive on 6/2/1942, 19..; and that death occurred on the date and hour stated above.

Immediate cause of death Extensive melanosarcoma

Due to Primary in right shoulder

Due to

Other conditions (Include pregnancy within 3 months of death) 55

Major findings: Of operations 53

Of autopsy

Duration

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 Heinz S. Lion (M. D. ~~or other~~) 0
Address Mo. Pacific Hospital Date signed 6/3/42

(Licensed Embalmer's Statement on Reverse Side)

JUL 19 1933

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 Chas E Mercer

Licensed Embalmer No. 2988

P. O. Address Grande City Ia

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.