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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

State File No. 34760

FILED NOV 6 1942

Registration District No. 784

Primary Registration District No. 101

Registrar's No. 2107

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7346 Forsythe Blvd. 1
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Ills. (b) County Cook 11

(c) City or town Riverside C
(If outside city or town limits, write "RURAL")

(d) Street No. 255 Addeson Rd.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 2

3. (a) PRINT FULL NAME John E. Donovan

3. (b) If veteran, name war

3. (c) Social Security No. 326-01-8159

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Betsy L. Donovan

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased Sept (Month) 22 (Day) 1882 (Year)

8. AGE: Years 60 Months 0 Days 16 If less than one day hr. min.

9. Birthplace Greenfield, (City, town, or county) Mass. 1 (State or foreign country)

10. Usual occupation District Manager

11. Industry or business Graton & Knight Co.,

FATHER
12. Name James Donovan
13. Birthplace Greenfield, (City, town, or county) Mass. 1 (State or foreign country)

MOTHER
14. Maiden name Isabella Donahue
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Hy. M. Lee
(b) Address 7346 Forsythe Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 10/9/42 (Month) (Day) (Year)
(c) Place: burial or cremation Riverside, Ills.

18. (a) Signature of funeral director LOUIS H. BOPP, Inc.
(b) Address Kirkwood, Mo.

19. (a) OCT 28 1942 (Date received local registrar) (b) E. G. McGarran (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 8
year 1942 hour 8 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.

Immediate cause of death Natural causes.

Due to Chronic Myocarditis; Arteriosclerosis.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Yes.

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 Louis H Bopp Coroner (M. D. or other)
Address Kirkwood, Mo. 10/8/42 Date signed

HP

101

(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 Louis H Bapp

Licensed Embalmer No. 921

P. O. Address Kirkwood Mo

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.