

S. No. 2
M-2-43
5-17-39
X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26013

State File No. _____

FD IIII 24 1042

Registration District No. _____

Primary Registration District No. _____

3068

Registrar's No. 1629

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7317 Elm Avenue
(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:

(a) State Mo. (b) County St. Louis
(c) City or town Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7317 Elm Avenue
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leo B. Donnewald

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Geraldine Barrett 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 18 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 10 Days 25 If less than one day _____ hr. _____ min.

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

10. Usual occupation State Auditor, Clayton Forrest Smith

11. Industry or business _____

MOTHER FATHER

12. Name Bernard Donnewald

13. Birthplace Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Belle Beverly

15. Birthplace Toronto Canada
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. L. B. Donnewald

(b) Address 7317 Elm

17. (a) Burial (b) Date thereof July 16, 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(b) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director M. J. Croghan

(b) Address 714 Manchester

19. (a) JUL 17 1943 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 13th
year 1943 hour 8 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.
Immediate cause of death Natural causes. Duration _____

Due to Chronic nephritis.

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy Yes.

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 John M. Meyer (M. D. or other) _____

Address Clarkwood, Mo. Date signed 7-14-43

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

136

96

3

0

131

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

✓

AUG 24 1945

AUG 30 1945

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.....

W. W. Wilkinson

Licensed Embalmer No..... *3575*

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, fact should be so stated above.