

35670

No. 2
-2-43
5-17-39
1 FILED

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

NOV 6 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 2454

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town Manchester
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Manchester Nursing Home
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 years
life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County St. Louis
 (c) City or town Manchester
 (If outside city or town limits, write "RURAL")
 (d) Street No. Manchester Nursing Home
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John Donovan
 3. (b) If veteran, name war World War I 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: Sept 5 1885
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 1 26 _____ hr. _____ min.

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

10. Usual occupation Tuck pointer

11. Industry or business _____

12. Name Tom Donovan
 13. Birthplace Pennsylvania
 (City, town, or county) (State or foreign country)

14. Maiden name Roberts
 15. Birthplace Poughkeepsie New York
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clementine Kleybocker
 (b) Address 4330 Potomac St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/4/43
 (Month) (Day) (Year)
 (c) Place: burial or cremation Jefferson Barracks

18. (a) Signature of funeral director John S. Ziegenhagen & Sons
 (b) Address 7027 Gravois Ave.

19. (a) NOV 4 - 1943 (Date received local registrar) (b) E. B. McDevian, M. D. (Registrar's signature) 75

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 1
 year 1943 hour 10 minute 19 P. M.
 21. I hereby certify that I attended the deceased from 1-1-42
 _____, 19____, to 11-1, 1943
 that I last saw him alive on 10-31, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death
Chr. Myocarditis
 Due to Paranoid Schizophrenia
 Due to Possible Gas involvement of lungs in last war.
 Other conditions _____
 (Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
 Of operations _____
 Of autopsy 93

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Ed Denny (M. D. or other) MD
 Address Craw Coeur, Mo Date signed 11-2-43

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

76
0
0

707

(Licensed Embalmer's Statement on Reverse Side)

JAN 7 1944

NOV 9 1949

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..... *E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

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.