

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32437

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>5069</u>		Registrar's No. <u>2198</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>ST. Louis</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>St. Louis</u>			
b. CITY OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN <u>University City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARYS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>519 North & South Road</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>BENJAMIN</u>	b. (Middle) <u>H.</u>	c. (Last) <u>DONNE.</u>	(Month) <u>Sept.</u>	(Day) <u>13,</u>	(Year) <u>1949</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>January 24, 1858</u>		9. AGE (In years last birthday) <u>91.</u>	IF UNDER 1 YEAR Months _____	IF UNDER 2 HRS. Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired.. Gen. Merchandise.</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Breeze, Illinois.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Robert S. Donne.</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Heideman.</u>		14. NAME OF HUSBAND OR WIFE <u>Pauline Coyle Donne.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u>		16. SOCIAL SECURITY NO. <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Clara H. Sittig. 7018 Maryland Ave.,</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myx Carditis</u>					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Senility</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS				4220	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		450.0		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____		21d. (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>8-9</u> , 19 <u>49</u> , to <u>9-13</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>9/13</u> , 19 <u>49</u> , and that death occurred at <u>2:45 P.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>				23b. ADDRESS <u>35 N. Central</u>		23c. DATE SIGNED <u>9/14/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Interment.</u>		24b. DATE <u>9/15/49.</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u>		24d. LOCATION (City, town, or county) <u>St. Louis, Missouri.</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>9-14-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.R. Lupton & Sons; 7233 Delmar Blvd.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

UC-37

FEB 8 1950

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

Arnold W. Schoene

Licensed Embalmer No.

3864

P. O. Address

St. Louis, 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.