

FILED MAR 5 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 6382

Registrar's No. 01752

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) St. Louis, Mo.		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN St. Louis, Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION 2228 Olive St.		e. STREET ADDRESS (If rural, give location) 21 2228 Olive St. 2219	
3. NAME OF DECEASED (Type or Print) a. (First) Emil b. (Middle) Jack c. (Last) Donath		4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1956	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 12, 1889
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	11. BIRTHPLACE (City and State or Foreign Country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Helman Donath	
13b. MOTHER'S MAIDEN NAME Louise Brestan		14. NAME OF HUSBAND OR WIFE May Donath	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. W. W. # 1 493-07-9975	
17. INFORMANT'S SIGNATURE OR NAME		ADDRESS May Donath, 2228 Olive St.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary fibrosis &		ANTECEDENT CAUSES		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Emphysema with		10 yrs.
		DUE TO (c) Cor Pulmonale		2 wks.
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 2/13, 1956, to 2/17, 1956, that I last saw the deceased alive on 2/16, 1956, and that death occurred at 7 A. M., from the causes and on the date stated above.

23a. SIGNATURE Edw. D. Kinsella (Degree or title) M.D.

23b. ADDRESS 3720 Washington

23c. DATE SIGNED 2/17/56

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 2-17-56	24c. NAME OF CEMETERY OR CREMATORY City	24d. LOCATION (City, town, or county) (State) Staunton, Illinois
DATE REC'D BY LOCAL REG. FEB 18 1956	REGISTRAR'S SIGNATURE J. Earl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington,	

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

Edw. D. Kinsella

**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.....  
Signature of Student Embalmer

Signed *J. W. Bontsley*.....

Licensed Embalmer No. *365*.....

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. ...  
If this body is not embalmed, fact should be so stated above.