

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

32339

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 1003 Registered No. 9757  
 City St. Louis (No. Barnes Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Joseph Dominic Donovan

(a) Residence No. 2801 Lindell St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. How long in U.S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22<sup>nd</sup> 1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
31 5 9

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Iron - Steel Merchant  
 (b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
 (c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

10. NAME OF FATHER John F. Donovan

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mellie Paiscalle

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis  
 (STATE OR COUNTRY)

14. INFORMANT J. F. Donovan  
 (Address) 3801 Lindell St.

15. FILED 31 1921 Max C. Starkoff  
 19. \_\_\_\_\_ Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10/31 1921

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_  
5-23 1927, to 10-31 1927  
 that I last saw him alive on 10-31 1927; and that death occurred, on the date stated above, at 7:30 A.M.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

Subacute Bacterial Endocarditis

91A 800  
 82A 800  
 CONTRIBUTORY Infarct of Brain  
 (SECONDARY) \_\_\_\_\_  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy

(Signed) G. C. Resche M. D.

10/31 1921 (Address) Barnes Hosp.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Calvary 11-2 1921

20. UNDERTAKER

Arthur J. Wornelly 2039 Hick St.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

THIS IS A PERMANENT RECORD

