

MAY 13 1935

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

Do not use this space.

14822

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo.** No. **4228** **Page Ar.** St. Ward)

File No.....
Registered No. **3673**
St. Ward)

2. FULL NAME

Albert Gallier Donewald
(a) Residence, No. **4228 Page Ar.** 11 Ward. (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) Married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF Irene Donewald		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 27, 1884		
7. AGE	YEARS 50	MONTHS 7
	DAY 24	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinster, sawyer, bookkeeper, etc. City Mechanic	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. factory	
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.		
FATHER	13. NAME John N. Donewald	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois	
MOTHER	15. MAIDEN NAME Frances Gallier	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown	
17. INFORMANT (ADDRESS) Mrs. Florence Clark 4204 W. Evans Ar.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE Apr 24, 1935		
19. UNDERTAKER (ADDRESS) Bergquist and Co 3661 Washington Bl		
20. FILED APR 23 1935 J. F. Bredeik Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at **1:10 A.**

The principal cause of death and related causes of importance were as follows:

Date of onset

Asphyxiation due to fuel-gas poisoning, self-administered at residence, April 22, 1933, at about 1:10 A.M.

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **NO**

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? **Suicide** Date of injury **4/22, 1935**Where did injury occur? **St. Louis, Mo.**

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Home

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed)....., M. D.

(Address).....

11/23/35

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

