DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36720

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. ~~8993~~

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County: St Louis

(b) City or town: St Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hosp #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: One month (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo (b) County: 22

(c) City or town: St Louis (If outside city or town limits, write "RURAL")

(d) Street No.: 918 So 4th St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years

3. (a) PRINT FULL NAME: John Donehoo

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: Widower

6. (b) Name of husband or wife: Unknown

6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: Abt (Month) (Day) 1863 (Year)

8. AGE: Years: Abt 77 | Months | Days | If less than one day: hr. min.

9. Birthplace: (City, town, or county) Kansas (State or foreign country)

10. Usual occupation: Laborer

11. Industry or business: Unknown

MOTHER / FATHER

12. Name: Unknown

13. Birthplace: (City, town, or county) Unknown (State or foreign country)

14. Maiden name: Unknown

15. Birthplace: (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature: Frank J. Nagel

(b) Address: 5626 Walsh St.

17. (a) (Burial, cremation, or removal) (b) Date thereof: 12/14/40 (Month) (Day) (Year)

(c) Place: burial or cremation: St Louis

18. (a) Signature of funeral director: W. Ritter

(b) Address: 3500 Ritter

19. (a) NOV 1 1940 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 29 year 1940 hour 5 minute 30 AM

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Fracture of right femur

Due to: Caused by deceased fell in some unknown manner at the Friendly Inn Hotel 918 So 4th St

Due to: On Aug 29 1940 about 9:00 AM

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — 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): Accident

(b) Date of occurrence: Aug 29 1940

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)

While at work: No (e) Means of injury: fall

23. Signature: [illegible] (M. D. or other)

Address: Deputy Coroner Date signed 9/12/40

(Licensed Embalmer's Statement on Reverse Side)

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.

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.