

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36222
Registrar's No. 2113

Registration District No. 784

Primary Registration District No. 116

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town VALLEY PARK, MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE
(Specify whether
In this community 4 MONTHS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town VALLEY PARK
(If outside city or town limits, write "RURAL")
(d) Street No. 727 BENTON
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME KENNETH DARRELL DONAHOU
(b) If veteran, name war _____
(c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month OCT. day 16,
year 1941 hour 3 minute P. M.
21. I hereby certify that I attended the deceased from October 9th
1941 to October 13th, 1941
that I last saw him alive on October 13th, 1941
and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE
6. (b) Name of husband or wife NONE 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased JUNE 4, 1941
(Month) (Day) (Year)

Immediate cause of death Strepococcus
Duration _____

8. AGE: Years Months Days If less than one day
0 4 12 hr. _____ min.

Due to _____
Due to _____
Other conditions Auto entered
(Include pregnancy within 3 months of death)

9. Birthplace VALLEY PARK, MO.
(City, town, or county) (State or foreign country)

10. Usual occupation _____

Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
12. Name WM. HAZEL DONAHOU
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name ROTH CAROLINE SMITH
15. Birthplace DIXON, MO
(City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Ruth Caroline Smith
(b) Address 727 Benton St. Valley Park, Mo
17. (a) BURIAL (b) Date thereof 10-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sullivan Mt.
18. (a) Signature of funeral director Schradler Hunt Home
(b) Address Ballymore Mo
23. Signature R. M. Jansen (M. D. or other)
Address Manchester Mo. Date signed 10/26/41

18. (a) Signature of funeral director Schradler Hunt Home
(b) Address Ballymore Mo
19. OCT 18 1941 (Date received local registrar)
(c) H. M. Jansen (Registrar's signature)

701 (Licensed Embalmer's Statement on Reverse Side)

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

DR. JANSEN

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

Theo. Schrader

Licensed Embalmer No. *3064*

P. O. Address

Ballwin, M

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.