S. No. 2
M—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4109

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1583

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days (Specify whether years, months or days)
In this community 28 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 915a N. Sarah
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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3. (a) PRINT FULL NAME William Donelson

3. (b) If veteran, name war ------

3. (c) Social Security No. 327-03-0613

4. Sex Male

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Virginia Donelson

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

7. Birth date of deceased August (Month) 13 (Day) 1894 (Year)

8. AGE: Years 48 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Donelsonn
13. Birthplace Nashville Tenn. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Venable
15. Birthplace Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Virginia Donelson
(b) Address 915a N. Sarah

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/20/43 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Finney Ave.

19. (a) FEB 17 1943 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 14, year 1943 hour 1 minute 50 P. M.

21. I hereby certify that I attended the deceased from February 5, 1943 to February 14, 1943; that I last saw him alive on February 14, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Meningoencephalitis	Unknown
Due to	
Due to	
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)
(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?
While at work (Specify type of place) (e) Means of injury

23. Signature S. E. Smith (M. D.)
Address 2601 Whittier Date signed 2/15/43

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

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.