

DEPARTMENT OF COMMERCE

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAR 8 1943

Registration District No. 319

Primary Registration District No. 4469

Registrar's No. 9

1. PLACE OF DEATH:

(a) County STE. GENEVIEVE
(b) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County STE. GENEVIEVE
(c) City or town STE. GENEVIEVE
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME VALENTINE S. DONZE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex MALE 5. Color or race WHT 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOSEPHINE DONZE 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased OCT 23 1879
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 4 2 _____ hr. _____ min.

9. Birthplace WEINGARTEN MOO
(City, town, or county) (State or foreign country)

10. Usual occupation GARAGE WORKER

11. Industry or business _____

12. Name MAINRAD DONZE
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)
14. Maiden name WILHELMINA JOKERST
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Fred Donze
(b) Address St. Louis Mo
17. (a) BURIAL (b) Date thereof 2-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STE. GENEVIEVE, MO.
18. (a) Signature of funeral director Herb. Bashi
(b) Address St. Louis Mo
19. (a) Feb 26/43 (b) T.W. Douglas
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 25
year 1943 hour 1 minute 1 A. M.

21. I hereby certify that I attended the deceased from Feb 24
1943, to Feb 25, 1943,
that I last saw him alive on Feb 24, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion
Branchio Pneumonia (bilateral) 1 day

Due to Chronic Myocarditis
Due to Chronic Nephritis
Dilatative Hypertension
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 St. Louis Mo (M. D. or other) MD
Address St. Louis Mo Date signed 2-26-43

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

MOTHER FATHER

RECEIVED

District Health Officer No. 4
District File Number 343-1891
Date Filed 3-6-43

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 Geo. C. Bashir

Licensed Embalmer No. 1985

P. O. Address St. Louis, Mo

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.