

REGISTRATION DISTRICT NO. 313

Primary Registration District No.

Registrar's No.

2. 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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 21
(c) City or town ST LOUIS (If outside city or town limits, write "RURAL")
(d) Street No. 1308 SANSFIELD (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Joseph Donovan

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

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

7. Birth date of deceased MARCH 29 1899
(Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Chicago Ill
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Patrick Donovan
13. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
14. Maiden name Eustace Roy
15. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)

16. (a) Informant Arthur Donovan

(b) Address 3430 Ende ave

17. (a) Burial (b) Date thereof 5-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Olive Cemetery

18. (a) Signature of funeral director Central Burial Co

(b) Address 1841 Cass

19. (a) MAY 26 1943 (b) J.P. Medeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 23
year 1943 hour 4:10 minute PM

21. I hereby certify that I attended the deceased from May 21, 1943 to May 23, 1943

that I last saw him alive on May 23, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Arteriosclerosis of the
chronic aorta - Suetin
Due to origin

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy as above

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) (c) Means of injury _____

23. Signature Drew on Petersen (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 5/24/43

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

MOTHER FATHER

8761 2 NTD

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 Henry M. Bannister
Licensed Embalmer No. 4200
P. O. Address.....

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.