

No. 2  
-5-43  
17-39  
X36671

20657  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FD FEB 11 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 255

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1172

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
 (b) City or town St. Louis, Mo.  
 (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 1 Mo.  
 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 17  
 (c) City or town St. Louis 9 21  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 1308 Sarsfield St  
 (If rural, give location)  
 (e) Citizen of foreign country? (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME Lollie Donovan  
 3. (b) If veteran, name war  
 3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 4th  
 year 1944 hour 7:30 minute P. M.  
 21. I hereby certify that I attended the deceased from Dec. 4th  
 1944 to Feb. 4th 1944  
 that I last saw him alive on Feb. 4th 1944  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced, or widower Widower  
 (b) Name of husband or wife Patrick  
 6. (c) Age of husband or wife if alive years  
 7. Birth date of deceased July 28 1860  
 (Month) (Day) (Year)  
 8. AGE: Years 83 Months 6 Days 6  
 If less than one day hr. min.

Immediate cause of death:  
 Suppurative nephritis  
 Chronic cystitis - catarrhal  
 Duration  
 Other conditions: 133  
 (Include pregnancy within 3 months of death)

9. Birthplace St. Louis Mo. 0  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation  
 11. Industry or business

Major findings:  
 Of operations  
 Of autopsy Supp nephritis, cystitis  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name John B. Roy  
 13. Birthplace Unknown 9  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Clara Roy  
 15. Birthplace Unknown 9  
 (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 Arthur Winover  
 (b) Address 3430 Eads Ave  
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 7 44  
 (Month) (Day) (Year)  
 (c) Place: burial or cremation Mt Olive Cem  
 18. (a) Signature of funeral director Central Dist. C  
 (b) Address 1841 Cass Ave  
 19. (a) FEB 6 1944 J. F. Bredek  
 (Date received local registrar) (Registrar's signature)

23. Signature Red W. Maden M. D. or other  
 Address 1515 Lafayette Date signed

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

---

---

**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.....

*Albert G. Hoppe*

Licensed Embalmer No.....

*2971*

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.**