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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 27 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

428

State File No. .....

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 375

1. PLACE OF DEATH:

(a) County .....

(b) City ~~or town~~ St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Hours (Specify whether
In this community 2 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County ----- 17

(c) City ~~or town~~ St. Louis 925
(If outside city or town limits, write "RURAL")

(d) Street No. 1619 Market St.
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Gladys Wanda Donelson (Hicks)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced 3

6. (b) Name of husband or wife William Hicks

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased January (Month) 2 (Day) 1907 (Year)

8. AGE: Years 37 Months 0 Days 8 If less than one day ..... hr. ..... min.

9. Birthplace Creal Springs ~~(City, town, or county)~~ Illinois (State ~~or foreign country~~)

10. Usual occupation Cashier

11. Industry or business Barber Shop

FATHER
12. Name James Weaver Donelson
13. Birthplace Creal Springs ~~(City, town, or county)~~ Illinois (State ~~or foreign country~~)

MOTHER
14. Maiden name Stella Mae Cagle
15. Birthplace Creal Springs ~~(City, town, or county)~~ Illinois (State ~~or foreign country~~)

16. (a) Informant J. W. Donelson
(b) Address 1910 Orchard Blvd. Alton, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 13, 1944 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Alton, Illinois.

18. (a) Signature of funeral director Robert H. Streeper
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) JAN 13 1944 (Date received local registrar) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 10
year 1944 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....;
that I last saw h..... alive on ....., 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Lobar Pneumonia

Due to .....

Due to .....

Other conditions 10 8
(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?
(Specify type of place)

While at work? ..... (e) Means of injury 3

23. Signature Thomas F. Callanan (M. D. or other)

Address Deputy Coroner Date signed 1-13-43

(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.....Robert H. Streeper.

Licensed Embalmer No.....2474

P. O. Address.....Alton, Illinois

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.