No. 2
-1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUN 12 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17534
Registration District No. 318
Primary Registration District No. 1003
Registrar's No. 5143

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: St Louis Children's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Crawford
(c) City or town Sveeleville
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

28201

3. (a) PRINT FULL NAME Thomas James Donal, Jr.
3. (b) If veteran, name war no
3. (c) Social Security No. 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 Sept. (Month) 28 (Day) 1947 (Year)
8. AGE: Years 0 Months 8 Days 1 If less than one day hr. min.
9. Birthplace Battle Creek, Mich. (City, town, or county) (State or foreign country)
10. Usual occupation Infant
11. Industry or business
FATHER
12. Name Thomas J. Donal
13. Birthplace Kansas (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Esther Halbert
15. Birthplace Steelville (City, town, or county) (State or foreign country)
16. (a) Informant Thomas J. Donal
(b) Address Steelville, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-31-48 (Month) (Day) (Year)
(c) Place: burial or cremation Steelville, Mo.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) JUN 1 1948 (Date received local registrar) (b) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 29 year 1948 hour 10 minute 30 A.M.
21. I hereby certify that I attended the deceased from May 4, 1948, to May 29, 1948; that I last saw him alive on May 29, 1948; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Septicemia, Staphylococcus	?
Due to: unknown cause	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Diarrhea, non-specific; atopic eczema	
Major findings: Of operations: —	
Of autopsy: NOT OBTAINED	

PHYSICIAN — Underline the cause of 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
23. Signature Gilbert B. Forbes (M. D. or other)
Address Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

JUN 16 1948

5043

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. Hopper

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.