

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22076**

FILED JUL 7 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **6076** Registrar's No. **1492**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b> b. CITY (If outside corporate limits, write RURAL and give township) <b>Jennings, Missouri</b> c. LENGTH OF STAY (in this place) _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jennings</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5514 Helen Ave</b>		d. STREET ADDRESS (If rural, give location) <b>5514 Helen Avenue,</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>THOMAS W.</b> b. (Middle) <b>DO</b> c. (Last) <b>NOVONAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-21-1949</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>March 11, 1883</b>	9. AGE (in years last birthday) <b>66yrs</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Gas Tender</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>City Asphalt Co.</b>		11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>Richard Donovan</b>		13b. MOTHER'S MAIDEN NAME <b>Fanny Blackburn</b>		14. NAME OF HUSBAND OR WIFE <b>Rose Donovan-deceased</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>--</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Margaret Dineen,</b> ADDRESS <b>5514 Helen Av</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myocarditis</b>					INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <b>Hypertension</b>					<b>?</b>	
		DUE TO (c) <b>Cirrhosis of Liver</b>					<b>?</b>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Compound Fracture of left Tibia + Fibula, fract. of left Clavicle</b>					<b>12 weeks</b>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) <b>Jennings</b> (COUNTY) _____ (STATE) _____	
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21d. TIME OF INJURY <b>3-29-49</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5810</b>	
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22. I hereby certify that I attended the deceased from **Mar. 15, 1948**, to **June 21, 1949**, that I last saw the deceased alive on **June 17, 1949**, and that death occurred at **11:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Dr. Albert A. Wall M.D.</b>		23b. ADDRESS <b>5322 Helen Ave</b>		23c. DATE SIGNED <b>6/22/49</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>6-24-49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Int. Calvary Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo</b>	
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DATE REC'D BY LOCAL REG. <b>6-23-49</b>		REGISTRAR'S SIGNATURE <b>Herbert R. Dombek</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Sullivan Fun. Dir.</b> ADDRESS <b>2849 N. Euclid Ave.,</b>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Dr. Albert A. Wall

Dr. Hall v372 Helen  
Ed. 6280 3-4-04

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....  
Signed *Robert L. Brinkman*  
Licensed Embalmer No. *3553*

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.