

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **13366**  
Registrar's No. **3468**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH  
a. COUNTY \_\_\_\_\_  
b. CITY OR TOWN **St. Louis**  
c. LENGTH OF STAY (in this place) \_\_\_\_\_  
d. FULL NAME OF HOSPITAL OR INSTITUTION: **5518a Alaska Ave.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Mo.**  
b. COUNTY \_\_\_\_\_  
c. CITY OR TOWN **St. Louis**  
d. Is Residence within limits of a city or incorporated town? Yes  No   
e. STREET ADDRESS (If rural, give location) **5518a Alaska Ave.**

3. NAME OF DECEASED  
a. (First) **EMMA**  
b. (Middle) **T.**  
c. (Last) **DONZELOT**

4. DATE OF DEATH  
(Month) (Day) (Year)  
**Apr. 17 1954**

5. SEX **Female**  
6. COLOR OR RACE **White**  
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widow**

8. DATE OF BIRTH **Jan. 28, 1877**  
9. AGE (in years last birthday) **77**  
IF UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
IF UNDER 24 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housework**

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (City and State or Foreign Country) **St. Louis, Mo.**

12. CITIZEN OF WHAT COUNTRY? \_\_\_\_\_

13a. FATHER'S NAME **Unknown Gagnon**

13b. MOTHER'S MAIDEN NAME **Teresa Minnigerode**

14. NAME OF HUSBAND OR WIFE **Eugene Donzelot (Dec'd.)**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. \_\_\_\_\_

17. INFORMANT'S SIGNATURE OR NAME **Gladys Lofser** ADDRESS **5518a Alaska Ave.**

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  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Chronic Interstitial Nephritis**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last:  
DUE TO (b) **Mitral Regurgitation Heart**  
DUE TO (c) **Arterio-Sclerosis**  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
**1 year**  
**5 mo.**  
**5 yrs.**

19a. DATE OF OPERATION \_\_\_\_\_

19b. MAJOR FINDINGS OF OPERATION \_\_\_\_\_

20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) \_\_\_\_\_

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_

21c. (CITY, TOWN, OR TOWNSHIP) \_\_\_\_\_ (COUNTY) \_\_\_\_\_ (STATE) **4210**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ m.

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? \_\_\_\_\_

22. I hereby certify that I attended the deceased from **Feb 8, 1945**, to **April 17, 1954**, that I last saw the deceased alive on **April 16, 1954**, and that death occurred at **6:00A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **Albert Beisbarth, M.D.**

23b. ADDRESS **3606 Gravois Ave.**

23c. DATE SIGNED **4-17-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24b. DATE **Apr. 20, 1954**

24c. NAME OF CEMETERY OR CREMATORY **Galvary Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis, Mo.**

DATE REC'D BY LOCAL REG. **APR 19 1954**

REGISTRAR'S SIGNATURE **Carl Smith M.D.**

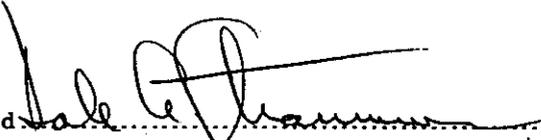
25. FUNERAL DIRECTOR'S SIGNATURE **Kriegshauser** ADDRESS **4228 S. Kingshighway Bl.**

WRITE PLAINLY—USING 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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed .....  
Licensed Embalmer No. 453.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.