

FILED FEB 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

318

1003

0293

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		a. STATE Mo. b. COUNTY St. Louis	
c. LENGTH OF STAY (in this place) 3-hrs.		c. CITY OR TOWN Times Beach	
d. FULL NAME OF HOSPITAL OR INSTITUTION DePaul Hospital		d. Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS 303 Riverside Drive		(If rural, give location) 700R	

3. NAME OF DECEASED (Type or Print)		a. (First) Joseph		b. (Middle) P.		c. (Last) Donovan		4. DATE OF DEATH (Month) (Day) (Year) Jan. 11, 1955	
5. SEX M. 0		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Jan. 22, 1914		9. AGE (in years) 40	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver, rounded coffee Co.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Missouri 0			12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME William Donovan		13b. MOTHER'S MAIDEN NAME Carrie Wedel		14. NAME OF HUSBAND OR WIFE Mrs. Blanche Donovan	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 493-09-6445		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Blanche Donovan, 303 Riverside Dr.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 24 hours	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		DUE TO (b) Arteriosclerotic coronary thrombosis			
		ANTECEDENT CAUSES		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

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 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan. 10, 1955, to Jan. 11, 1955, that I last saw the deceased alive on Jan. 11, 1955, and that death occurred at 10:45 am, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) John H. Linton, M.D.		23b. ADDRESS 539 N. Grand Blvd.		23c. DATE SIGNED Jan. 12, 1955	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-14-55		24c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.	
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DATE REC'D BY LOCAL REG. JAN 12 1955		REGISTRAR'S SIGNATURE Charles Smith		25. FUNERAL DIRECTOR'S SIGNATURE W. Arthur J. Donnelly		ADDRESS 3840 Lindell Blvd.	
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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 me....., Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm L. Saper.....

Licensed Embalmer No. 469.....

P. O. Address 3840 Lincoln.....

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.