MAR 5 - 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

Registration District No. 791
Primary Registration District No. 1003

File No. 8290
Registered No. 1740

1. PLACE OF DEATH
County
Township
City St. Louis, Mo. (No. , City Sanitarium St. Ward)

2. FULL NAME John Donahue
(a) Residence, No. 2211 Cherokee St. St., 24 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Emma Brown Donahue

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	76	6	27	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Carpenter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Street Car Co.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

FATHER
13. NAME Samuel Donahue
14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Ireland

17. INFORMANT Herbert P. Smythe
(ADDRESS) 5400 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sunset Burial Pk. DATE February 11, 1937

19. UNDERTAKER Zeigenhein Bros.
(ADDRESS) 2623 Cherokee Street

20. FILED FEB 9 - 1937, 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/8/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov. 30, 1937 to Feb 8, 1937
I last saw him alive on February 8, 1937. Death is said to have occurred on the date stated above, at 3:11 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	11-30-36
Arteriosclerosis	11-30-36

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No.
If so, specify
(Signed) Herbert P. Smythe, M. D.
(Address) 5400 Arsenal St

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.