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

36438
Do not use this space.

1. PLACE OF DEATH NOV 15 1937

(a) County

(b) Township

(c) City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(d) Street No. De Paul Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 10015

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Infant Donahue

(a) Residence, No. 6511 Chamberlain Ave. St. NR U. City, Mo.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 27, 1937

7. AGE Years — Months — Days — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

FATHER

13. NAME Thos. J. Donahue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Maebelle Diehl

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Thos. J. Donahue
(ADDRESS) 6511 Chamberlain Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Oct 27, 37

19. FUNERAL DIRECTOR Drehmann Harrel
(ADDRESS) 1905 Union Blvd.

20. FILED OCT 28 1937, 19 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h. alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:30 m A. M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Still Born	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....

If so, specify .....

(Signed) John A. Lotz, M. D.

(Address) 3333 Union Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, R. W. Sanford, Licensed Embalmer No. 2273

hereby certify that the body recorded on the reverse side of this certificate was embalmed by R. W. Sanford

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed R. W. Sanford

Licensed Embalmer No. 2273

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.)