REC'D MAY 10 1939

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

13371
Do not use this space.

Registration District No. 1003 791
Primary Registration District No.
Registered No. 3713

1. PLACE OF DEATH
(a) County 2
(b) Township
(c) City or Town St. Louis
(d) Street No. 4673 Rosa Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 Walter Donahoo
(a) Residence, No. 4673 Rosa Ave. St. 2
(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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 23, 1861

7. AGE: Years 77 | Months 5 | Days 28 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) ~~James-P~~ (STATE OR COUNTRY) Illinois 1

FATHER
13. NAME James Donahoo
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 9

MOTHER
15. MAIDEN NAME not known 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known 9

17. INFORMANT Fannie Rieth
(ADDRESS) 4673 Rosa

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Vernon, Ill. DATE April 23, 1939

19. FUNERAL DIRECTOR (NAME) John L. Ziegenhein & Sons
(ADDRESS) 7027 Gravois Ave.

20. FILED APR 21 1939 J. E. Budach Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20, 1939

22. I HEREBY CERTIFY, That I attended deceased from Mar 14, 1939, to April 20, 1939
I last saw him alive on April 20, 1939. Death is said to have occurred on the date stated above, at 10:25 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	3/14/39
Arteriosclerosis	1935

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) Andrew Yourman, M. D.
(Address) 4602 Gravois St Louis Mo

(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 hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Clarence P Kidwell

Licensed Embalmer No. 3877

P.-O. Address 6937 9 Gravai

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.