

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No.

30277

Registration District No.

Primary Registration District No.

Registrar's No.

7554

## 1. PLACE OF DEATH:

- (a) County \_\_\_\_\_  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Alexian Brothers  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 30 Days  
(Specify whether

In this community \_\_\_\_\_  
years, months or days3. (a) PRINT FULL NAME William M. Donoghue3. (b) If veteran,  
name war No3. (c) Social Security  
No. None4. Sex Male5. Color or  
race White6. (a) Single, widowed, married,  
divorced Widower6. (b) Name of husband or wife  
Mays Donoghue6. (c) Age of husband or wife if  
alive \_\_\_\_\_ years7. Birth date of deceased January 11 1880  
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day  
60 7 25 hr. \_\_\_\_\_ min.9. Birthplace Illinois  
(City, town, or county) (State or foreign country)10. Usual occupation Retired11. Industry or business Engineman Terminal R.R.12. Name Andrew Donoghue13. Birthplace Tennessee14. Maiden name Mary McCarthy15. Birthplace Iowa

(City, town, or county)

(State or foreign country)

16. (a) Informant's own signature Mary Donoghue(b) Address 3804 S. Spring Ave17. (a) Burial (b) Date thereof September 10 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Calvary Cemetery18. (a) Signature of funeral director 3029 Lafayette Ave(b) Address Petty Bros19. (a) SEP 9 1940 (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 3934 Russell Blvd  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6th - day September  
year 1940 hour 8:56 minute P. M.21. I hereby certify that I attended the deceased from Aug 6  
to Sept 6, 1940  
that I last saw him alive on Sept 6, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Embolism 2 hrs  
Cerebral Embolism 1 day  
 Due to mitral Valvular 5 yrs  
 disease. Calcification  
 Due to atherosclerosis 2 yrs

Other conditions

(Include pregnancy within 3 months of death)

Hypertensive Heart 1 yr  
Urinary Retention.

Major findings:

Of operations \_\_\_\_\_

Of autopsy Infected Lung  
General Arterio Sclerosis

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature P. J. Duddy (M. D. or other) 1/7/40  
Address Univ Club Bldg Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged statistically

**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.....

*Frank J. Owens*

Licensed Embalmer No. ....

*2245*

P. O. Address.....

*St. Louis, Mo.*

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