

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 10714

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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: St. John's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Michael A. Donahue

3. (b) If veteran, name war Spanish War. 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Amanda Donahue 6. (c) Age of husband or wife if alive 69 yrs years

7. Birth date of deceased March 13, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
72 9 13 _____ hr. _____ min.

9. Birthplace Maryland
(City, town, or county) (State or foreign country)

10. Usual occupation Metorman CONDUCTOR

11. Industry or business Public Service Co. T

MOTHER FATHER { 12. Name Thomas Donahue 4
13. Birthplace Ireland
(City, town, or county) (State or foreign country)

14. Maiden name Bridget Hines
15. Birthplace Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Thomas Donahue
(b) Address 6511 Chamberlain Ave.

17. (a) Burial (b) Date thereof 12/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave.

19. (a) DEC 27 1940 (b) J. F. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co.
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 6516 Crest Ave. N.R
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26
year 1940 hour 12 minute 35 A.M.

21. I hereby certify that I attended the deceased from 12/21/40
_____ 19____, to 12/25/40 19____;

that I last saw him alive on 12/25/40 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 19____
Duration _____

Due to Prostatic Hypertrophy 6 yrs

Due to diverticuli Bladder -

Other conditions Prostate
(Include pregnancy within 3 months of death)

Major findings: Prostatic Hypertrophy PHYSICIAN _____
Of operation _____
Underline the cause to which death should be charged statistically.

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) 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)
(? Means of injury)

23. Signature J. F. Brudick (M. D. or other) _____
Address 650 Century rd Date signed 12/27/40

3-8-7 113

Mr. Leo. Bartola
94 Alvin
Q1. 8315-
11-1-2-3 PM.

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..... *Jos. W. Clark*.....

Licensed Embalmer No..... No. 1661.....

P. O. Address..... 1125 Hodiament Av.....

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, fact should be so stated above.