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31883

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED OCT 28 1942

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8649

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 22 Days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

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. 3960 Cleveland Avenue  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Walter Thomas Donahue

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 497-09-8401

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Helen Donahue

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased May 15th, 1893  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>49</u>	<u>5</u>	<u>2</u>	hr. _____ min. _____

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

10. Usual occupation Elevator Operator

11. Industry or business Famous Barr Co.

12. Name William Donahue

13. Birthplace Cork Ireland 4  
(City, town, or county) (State or foreign country)

14. Maiden name Mary Maglinger

15. Birthplace Owensberg Kentucky  
(City, town, or county) (State or foreign country)

16. (a) Informant Helen Donahue

(b) Address 3960 Cleveland Ave.

17. (a) Burial (b) Date thereof Oct. 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wm J. Roberts

(b) Address 1905 South Grand Blvd.

19. OCT 19 1942 (b) J. F. Brudick  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 17,  
year 1942 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from September 26,  
1942, to October 17, 1942  
that I last saw him alive on October 17, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death GASTRO-INTESTINAL BLEEDING (POSTOPERATIVE) 12 HRS  
Duration

Due to PEPTIC ULCER + GASTRO-ENTEROSTOMY

Due to \_\_\_\_\_

Other conditions none  
(Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN  
Underline the cause to which death should be charged statistically.

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) (e) Means of injury \_\_\_\_\_

23. Signature J. O. [unclear] (M. D. or other) \_\_\_\_\_

Address 1515 Lafayette Avenue Date signed 10/17/42

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

MOTHER FATHER

JAN 19 1945

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**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 John Ketter  
Licensed Embalmer No. 3880  
P. O. Address.....

**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.**