

FILED FEB 23 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1342

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: St. Louis
(c) Name of hospital or institution: St. Johns Hospital
(d) Length of stay: In hospital or institution
In this community: years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: St. Louis
(c) City or town: St. Louis
(d) Street No.: 5510 Vernon
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: MAURICE DONOHUE

3. (b) If veteran, name war: No
3. (c) Social Security No.: none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 9 year 1943 hour 4:45 minute P.M.

21. I hereby certify that I attended the deceased from 12 noon 19.41 to 9 February 1943; that I last saw him alive on 9 February 1943; and that death occurred on the date and hour stated above.

4. Sex: male
5. Color of hair: Brn
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary
6. (c) Age of husband or wife if alive: 65 years
7. Birth date of deceased: February 8 1874

Immediate cause of death: Hypostatic Pneumonia
Due to: Hypertensive Heart Disease
Due to: Arteriosclerosis

8. AGE: Years 69 Months 0 Days 1

9. Birthplace: Ireland

10. Usual occupation: Policeman

11. Industry or business: St. Louis Police Dept.

12. Name: Maurice Donohue

13. Birthplace: Ireland

14. Maiden name: Delia Del

15. Birthplace: Ireland

16. (a) Informant: Mrs. Mary Donohue

(b) Address: 5510 Vernon

17. (a) Burial, cremation, or removal: Burial
(b) Date thereof: 2-12-43

(c) Place: burial or cremation: Calvary

18. (a) Signature of funeral director: Chas. F. Stuart

(b) Address: 1225 Union Blvd.

19. (a) FEB 10 1943 (b) J. F. Bredeck

Other conditions: Had 4 attacks Apoplexy

Major findings: Of operations: v

Of autopsy: none

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?
(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: Chas. M. Bayma (M. D.)
Address: Chemical Bldg St. Louis, Mo. Date signed: 2/10/43

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

MOTHER FATHER

P/O, Ethel Burrows
Removal Body

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.....

G. W. Wilkinson

Licensed Embalmer No..... 3575

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.