

No. 300  
10-48

FILED JAN 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3257

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4464 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Overland</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Overland 426K</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <b>1695-Woodson Road</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1695-Woodson Road</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Bertha</b> b. (Middle) <b>Theresa</b> c. (Last) <b>Donahoo</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 6, 1951</b>		
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 28, 1883</b>	9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR	IF UNDER 10 MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (State or foreign country) <b>St. Peters, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>George Phaff</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Frank</b>		14. NAME OF HUSBAND OR WIFE <b>Clifton C. Donahoo</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Clifton C. Donahoo 1695-Woodson Rd-Overland</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) <b>Hypertensive Heart Disease</b>			
		DUE TO (c) <b>Hypertension</b>			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>Obesity</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>4201</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK? NOT WHILE AT WORK?	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **9:00 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Donahoo MD</b>	23b. ADDRESS <b>2438 Woodson Rd Overland, Mo</b>	23c. DATE SIGNED <b>8 Jan 51</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>1-9-1951</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-8-51</b>	REGISTRAR'S SIGNATURE <b>Herbert R Donke MD</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Sturmann Bros. Inc. 2504-Woodson Rd-Overland-14-Mo.</b>
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Print Licensed Embalmer's Statement on Reverse Side)

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

Mrs. C. G. Walker

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 3454

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....

*David C. Gibson*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3454

P. O. Address Overland 14, 52

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.