

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25714

State File No.

Registrar's No. 2422

BIRTH NO. <u>7-16-51</u>		REG. DIST. NO. <u>37</u>		PRIMARY REG. DIST. NO. <u>6076</u>	
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>JEFF. BRKS. MO.</u>		c. LENGTH OF STAY (In this place) <u>8 Days</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>ST. LOUIS</u>		2119
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETS ADMIN HOSPITAL</u>			d. STREET ADDRESS (If rural, give location) <u>38144 EASTON AVE.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>PAUL</u>		b. (Middle) <u>J</u>	c. (Last) <u>DONOHUE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6-13-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>9-14-20</u>	9. AGE (In years last birthday) <u>30</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Ruma, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Eugene Donohue</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Fogarty</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-II</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA Hosp. Records, Jeff. Bks. Mo.</u>		ADDRESS
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>TUBERCULAR MENINGITIS</u>		INTERVAL BETWEEN ONSET AND DEATH
			ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
			DUE TO (b) <u>MILITARY PULMONARY TUBERCULOSIS</u>		
			DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>					
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>6-5-51</u> , 19 <u> </u> , to <u>6-13-51</u> , 19 <u> </u> , that his <u>she</u> died on the date <u>date</u> stated above, and that death occurred at <u>7:00 A.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Arthur J. Donnelly</u>		23b. ADDRESS <u>MD VA HOSP. JEFF. BRKS. MO.</u>	23c. DATE SIGNED <u>6-13-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 15, 1941</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>6-14-51</u>	REGISTRAR'S SIGNATURE <u>Arthur J. Donnelly</u>	FUNDING DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>38140 Lindell, St. Louis, Mo.</u>	

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

J. Wm Bentley

Licensed Embalmer No. *3653*

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, fact should be so stated above.