

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14460

State File No.

FILED MAY 12 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>1042</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>Mo.</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Glendale</u>		c. LENGTH OF STAY (in this place) <u>12 Yrs</u>		c. CITY OR TOWN <u>Glendale</u> <u>465</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>1360 N Sappington Rd.</u>				e. STREET ADDRESS (If rural, give location) <u>1360 N Sappington Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>MYRON</u> c. (Last) <u>DONIHOO</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-2-1954</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>7-28-1880</u>	
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Braznell Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Chicago Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Fred Jay Donihoo</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Ball</u>		14. NAME OF HUSBAND OR WIFE <u>Margaret Donihoo</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) -----		16. SOCIAL SECURITY NO. <u>494-09-9598</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Margaret Donihoo 1360 N Sapp. Rd.</u>			
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) <u>Coronary thrombosis & Occlusion</u>							
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>					<u>years</u>
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>					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)		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>Oct 7, 1942</u> , to <u>May 2, 1954</u> , that I last saw the deceased alive on <u>Feb. 26, 1954</u> , and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Herbert R. Lambert</u>				23b. ADDRESS <u>204 E. Big Bend</u>		23c. DATE SIGNED <u>5-3-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-4-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/4/54</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>7 Home Webster Groves Mo.</u>			

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

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.....
Signature of Student Embalmer

Signed *Leslie Walsh*.....

Licensed Embalmer No. *439*
P. O. Address *Woburn, Mass.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.