

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13262**
Registrar's No. **3372**

FILED APR 28 1955

REG. DIST. NO. **318**

PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY St. Clair	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 days	c. CITY OR TOWN E. St. Louis #1
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) Sugarloaf Township		§1208	
3. NAME OF DECEASED (Type or Print) a. (First) TIMOTHY b. (Middle) EDWARD c. (Last) DONAHUE			4. DATE OF DEATH (Month) (Day) (Year) April, 13, 1955
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH June 7, 1888
9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months 10	IF UNDER 1 YEAR Days 6	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Master		10b. KIND OF BUSINESS OR INDUSTRY Cotton Belt R.R.	11. BIRTHPLACE (City and State or Foreign Country) Keokuk, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William DONAHUE	
13b. MOTHER'S MAIDEN NAME Mary MAGLINGER		14. NAME OF HUSBAND OR WIFE Carrie DONAHUE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 702-09-7291	
17. INFORMANT'S SIGNATURE OR NAME Carrie Donahue		ADDRESS East St. Ill.	
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of Heart ANTECEDENT CAUSES Coronary Artery Thrombosis Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 1 wk. DUE TO (c) Generalized Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. years	
18. CAUSE OF DEATH (continued)		INTERVAL BETWEEN ONSET AND DEATH months	
19a. DATE OF OPERATION		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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR		4201	
22. I hereby certify that I attended the deceased from 3/11/55 , to 4/13/55 , that I last saw the deceased alive on 4/13/55 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE W. Baumgartner		23b. ADDRESS 3720 Washington Ave St. Louis	
23c. DATE SIGNED 4/14/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 16, 1955	
24c. NAME OF CEMETERY OR CREMATORY Valhalla		24d. LOCATION (City, town, or county) (State) Belleville, Illinois	
DATE REC'D BY LOCAL REG. APR 15 1955		REGISTRAR'S SIGNATURE J. Carl Smith MD	
25. FUNERAL DIRECTOR'S SIGNATURE Sheld. A. Washner		ADDRESS Dupo, Illinois	

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 *Harold A. Washner*.....

Licensed Embalmer No....4621.

P. O. Address ...Dupu...Illinoi

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.