

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 6 1956

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1003

State File No. **28304**  
Registrar's No. **7277**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY _____			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>1 Mo.</b>	c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Johns Hospital</b>			e. STREET ADDRESS (If rural, give location) <b>5 5935 Kingsbury</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Margaret</b> b. (Middle) <b>M.</b> c. (Last) <b>Donahoe</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>8 4 1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never Married</b>	8. DATE OF BIRTH <b>9/17/1875</b>		9. AGE (In years last birthday) <b>80</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At. Home</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Homemaker</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>Edward Donahoe</b>		13b. MOTHER'S MAIDEN NAME <b>Julia Keane</b>		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) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary C. Donahoe 5935 Kingsbury</b>		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of death, such as heart failure, ashenia, etc. It means the disease, injury or condition which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Pneumonia</b> ANTECEDENT CAUSES <b>Due to immobility following hip fracture</b> DUE TO (b) _____ DUE TO (c) _____ OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerotic cerebral disease.</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>87-5-56</b> <b>3 yrs.?</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>E 904.9</b>		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 <b>July</b> , 19 <b>50</b> , to <b>8-4</b> , 19 <b>56</b> , that I last saw the deceased alive on <b>8-3</b> , 19 <b>56</b> , and that death occurred at <b>7:52 a. m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>A. K. Dinkel M.D.</b>		23b. ADDRESS <b>1850 Kingsbury</b>		23c. DATE SIGNED <b>8-4-56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8/7/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>		
DATE REC'D BY LOCAL REG. <b>AUG 6 1956</b>	REGISTRAR'S SIGNATURE <b>Carl Smith M.D.</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Arthur J. Donnelly</b>		ADDRESS <b>3840 Lindell Blvd.</b>	

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

VS DEC 18 1959

**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.....*Francis Williams*

Licensed Embalmer No.....*35*

P. O. Address.....*3840*

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.