

FEB 23 1939 MAR 9 1939

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7780  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
 (b) Township Jefferson Primary Registration District No. 109 Registered No. 330  
 (c) City Maplewood, Mo. (d) Street No. 3411 Oxford Av. St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME EDWARD FRANCIS DONAHOE

(a) Residence, No. 3411 Oxford Ave. St.   
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24, 1885  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
53 7 29  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. carpenter  
 9. Industry or business in which work was done, as saw mill, bank, etc.  
 10. Date deceased last worked at this occupation (month and year)  
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marshall Mo.

FATHER 13. NAME Patrick Donahoe  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mrs. Winnie M. Donahoe (wife)  
 (ADDRESS) 3411 Oxford Ave. Maplewood, Mo.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Feb. 24, 1939

19. FUNERAL DIRECTOR Croghan Und. Co., Inc.  
 (ADDRESS) 7146 Manchester Ave.

20. FILED FEB 23 1939 R. R. Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 13, 1939, to Feb. 22, 1939  
 I last saw him alive on Feb. 21st, 1939. Death is said to have occurred on the date stated above, at 1:15 a.m.  
 The principal cause of death and related causes of importance were as follows:

Lobar pneumonia Date of onset  
108

Other contributory causes of importance:  
 Name of operation Date of  
 What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? Date of injury, 19...  
 Where did injury occur? (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury  
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify  
 (Signed) Wm. B. ...  
 (Address) 3500 Cambridge Maplewood

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Francis A. Williamson, Licensed Embalmer No. 3565

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Francis A. Williamson*

Licensed Embalmer No. 3565

**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.)**