No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED FEB 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6288

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1555

1. PLACE OF DEATH:
(a) County
(b) City or town ST. LOUIS (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis Children Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis
(c) City or town Kirkwood (If outside city or town limits, write "RURAL")
(d) Street No. 122 Green (If rural, give location) N.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Robert Lee Donahue
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Jan. (Month) 24 (Day) 1948 (Year)

8. AGE: Years	Months	Days	If less than one day
0	0	21	br. min.

9. Birthplace St. Louis (City, town, or county) (State or foreign country)
10. Usual occupation Child
11. Industry or business
FATHER 12. Name James M. Donahue
13. Birthplace Kirkwood (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Freida Doerr
15. Birthplace Yates (City, town, or county) Penn. (State or foreign country)
16. (a) Informant James M. Donahue
(b) Address 122 Green
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/16/48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peter's Cem.
18. (a) Signature of funeral director Meyer Pfitzinger
(b) Address Kirkwood Mo.
19. (a) FEB 16 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 15 year 48 hour 7 minute 15 A.M.
21. I hereby certify that I attended the deceased from 2-14, 1948 to 2-15, 1948 that I last saw h. alive on 2-15, 1948 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Severe dehydration, acidosis due to non-specific diarrhea
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature Gilbert B. Forbes (M. D. or other)
Address Childrens Hospital St. Louis Date signed 2/15/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed William H. Pfeiffer

Licensed Embalmer No. 4316

P. O. Address Kirkwood, 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.