

FILED OCT 25 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35533

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2276

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>			2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution). a. STATE <u>Illinois</u> b. COUNTY <u>LaSalle</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) <u>5 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LaSalle</u>		d. STREET ADDRESS (If rural, give location) <u>(Unknown)</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Vincent's Hospital</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) _____ c. (Last) <u>Donoghue</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 1, 1955</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>March 18, 1878</u>	9. AGE (In years last birthday) <u>77</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chemist</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>(Unknown)</u>	11. BIRTHPLACE (State or foreign country) <u>LaSalle, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	
13a. FATHER'S NAME <u>Timothy Donoghue</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine Cody</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of St. Vincent's Hospital</u> ADDRESS _____		
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) <u>Uremia</u>			INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u>		
ANTECEDENT CAUSES <u>Acute Urinary Retention</u>			<u>7 days</u>		
DUE TO (b) <u>Benign Hypertrophy of Prostate</u>			<u>Months</u>		
DUE TO (c) _____			_____		
II. OTHER SIGNIFICANT CONDITIONS: <u>Generalized Arteriosclerosis</u> <u>Chronic Schizophrenia</u>			<u>Years</u>		
19a. DATE OF OPERATION _____			19b. MAJOR FINDINGS OF OPERATION <u>Prostatectomy done 9/25/55</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) <u>610x</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		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>December, 19 19</u> , to <u>Oct. 1, 19 55</u> , that I last saw the deceased alive on <u>Oct. 1, 19 55</u> and that death occurred at <u>5:15 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>J. A. Postins M.D.</u>			23b. ADDRESS <u>2407 N. Broadway, St. Louis, Mo.</u>		23c. DATE SIGNED <u>10/1/55</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10/3/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Vincent's</u>	24d. LOCATION (City, town, or county) (State) <u>LaSalle Ill.</u>	
DATE REC'D BY LOCAL REG. <u>10/3/55</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Schomberg</u>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Walter J. Kelly 7267 Natural Bridge</u>	

(Licensed Embalmer's Name 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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *James A. Lammers*  
.....  
Licensed Embalmer No. *4142*

P. O. Address *St Louis*  
.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform to the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.