

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

Do not use this space.

31916

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis Mo. (No. 1312) Gay St. St. Ward)

2. FULL NAME

(a) Residence. No. 1312 Gay St., 25 Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Cald 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1868-5-4

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
60 | 4 | 7 | hrs
or min

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lobarer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

PARENTS

10. NAME OF FATHER George McDonald

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) South Carolina

14. INFORMANT Clare Williams
 (Address) 1312 Gay St.

15. FILED May 21 1928
 Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 11th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 10th 1928 to Sept 11th 1928, and that I last saw him alive on Sept 10th 1928, and that death occurred, on the date stated above, at 10-50 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary Pectoria
89
 (duration) yrs. mos. ds.
 CONTRIBUTORY (SECONDARY) 89
 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRAICTED IF NOT AT PLACE OF DEATH? unknown

DID AN OPERATION PRECEDE DEATH? no. DATE OF _____

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
 (Signed) G. W. Hall M. D.
 , 19 (Address) 932nd N 14th St

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Father McKinson Sept-16-1928

20. UNDERTAKER ADDRESS
A. L. Beal 2726 Lucas

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.

