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

Do not use this space.

35438

File No.

Registered No. 10495

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. LOUIS (No. MISS. VALLEY T. Bldg. St. Ward)

2. FULL NAME WALTER SCOTT DONALDSON

(a) Residence. No. 6266 Cates Ave. St., 75 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4/2/1871

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
57	6	22	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printing

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer Prop.

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER John Donaldson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Glascow
(STATE OR COUNTRY) Scotland

12. MAIDEN NAME OF MOTHER Kate V. Watson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Greencastle
(STATE OR COUNTRY) Ind.

14. INFORMANT Adelaide D. Donaldson
(Address) 6266 Cates Ave.

15. FILED OCT 25 1928 Mary C. Starkloff Registrar

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 24th 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1928, to Oct. 24, 1928, that I last saw him alive on Oct 24, 1928, and that death occurred, on the date stated above, at 2:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Dilatation of Heart

Arteriosclerosis 97

Cirrhosis 118

Nephritis 95B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Indigestion Gastritis Acute Arthritis Acute (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? —

DID AN OPERATION PRECEDE DEATH? No. DATE OF —

WAS THERE AN AUTOPSY? No Exposure

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms Heart enlarged

(Signed) Louis H. Behrens, M. D.

Oct. 25, 1928 (Address) 102 No. Broadway

*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
New Pickers	10/26/1928 19

20. UNDERTAKER Alexander & Sons 6175 Delmar ADDRESS

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.