

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

Do not use this space.

File No. 42875  
Registered No. 12144  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. \_\_\_\_\_  
Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City St. Louis (No. City, Isasp. #1) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Alex Donaldson  
(a) Residence No. 6150 Garesche Ave. 7 Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Donaldson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>April 20, 1870</u>		
7. AGE	YEARS <u>58</u>	MONTHS <u>7</u>
	DAYS <u>22</u>	IF LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Laborer</u> (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) Missouri

PARENTS	10. NAME OF FATHER <u>Alex Donaldson</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>?</u> (STATE OR COUNTRY) <u>Pennsylvania</u>
	12. MAIDEN NAME OF MOTHER <u>Mary Furnier</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>?</u> (STATE OR COUNTRY) <u>Pennsylvania</u>

14. INFORMANT Miss May Donaldson  
(Address) 6150 Garesche Ave

15. FILED DEC 13, 1928 Max C. Frank  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 12 1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 10\_\_\_\_, m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Asenic Poisoning  
Self administered

16 30 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Suicide  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 16 5  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS  
14 (Signed) John V. D. West M.D.  
13 (Address) Coroner

\*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 <u>Silex Mo</u>	DATE OF BURIAL <u>Dec 14 1928</u>
20. UNDERTAKER <u>Geo. L. Pleitner</u>	ADDRESS <u>5966 Eastern Ave</u>

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1958