

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

Do not use this space.

41382

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St Louis (No. 4765, Cupples Place) St. 6 Ward 6  
 File No. .... Registered No. 12061

**2. FULL NAME**

Thomas F Mc Donald  
 (a) Residence. No. 4765 Cupples Pl St. 6 Ward 6  
 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec-24-1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min.  
71 0 0

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Lockport  
 (STATE OR COUNTRY) N.Y.

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT George F. Mc Donald  
 (Address) 1710 N Grand Blvd

15. FILED 26 188 19 Nov 2 Harding REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24, 1930  
 17. 2

I HEREBY CERTIFY, That I attended deceased from June 1st, 1930, to Dec 24, 1930, that I last saw him alive on Dec 24, 1930, and that death occurred, on the date stated above, at 8:10 a.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

121 Acute Myocarditis  
9.5A

(duration) yrs. 6 mos. ds.  
 CONTRIBUTORY Chronic nephritis  
 (SECONDARY) (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Chinroal  
 (Signed) Joseph M. Tarry, M. D.

Dec 24, 1930 (Address) 433 Metropolitan Bldg St Louis

\*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 Calvary Cemetery DATE OF BURIAL Dec-27 1930

20. UNDERTAKER Cullum & Bros ADDRESS 1710 N Grand Ave

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.

Dr. J. M. G. G.  
Washington, D. C.