

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

Do not use this space.

14233

**1. PLACE OF DEATH**

County..... Registration District No. 701  
 Township..... Primary Registration District No. 10193  
 City St. Louis (No. St. Johns Hospital) St. .... Ward)

File No. ....  
 Registered No. 3569

**2. FULL NAME**

Wallace J. McDonald  
 (a) Residence, No. 3943 St. Louis Ave. St. 10 Ward. (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Victoria McDonald</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 17, 1879</u>		
7. AGE	YEARS <u>52</u>	MONTHS <u>7</u>
	DAYS <u>23</u>	IF LESS THAN 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Bookkeeper 251</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Mr. Portland C. Co</u>	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Missouri</u>		
FATHER	13. NAME <u>John B. McDonald</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Missouri</u>	
MOTHER	15. MAIDEN NAME <u>Mary Kenworthy</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Salem Missouri</u>	
17. INFORMANT <u>Mal. Jay G. McDonald</u> (ADDRESS) <u>5227 J. Henry Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peters Cem.</u> DATE <u>April 12, 1932</u>		
19. UNDERTAKER <u>Geo. L. Bleishop Inc.</u> (ADDRESS) <u>5948 1/2 Eastern Ave.</u>		
20. FILED <u>APR 12 1932</u> <u>Wm. C. Stanley</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1932

22. I HEREBY CERTIFY That I attended deceased from March 19, 1932 to April 10, 1932

I last saw him alive on April 9, 1932 Death is said to have occurred on the date stated above, at 4:55 a.m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset 4-10-32

Other contributory causes of importance:

Arterio-Sclerosis 3-19-32

Name of operation None Date of .....

What test confirmed diagnosis? Ex. Exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ..... 19.....

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) John J. Kehoe M. D.

(Address) 4145 1/2 St. Louis Ave.

RECORDING UNIT--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.

W. J. ...

4145 St Louis Co.

3 to 4 - 7 to 8