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

Do not use this space.

37301

File No.

Registered No. 9930

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City Saint Louis (No. 4340, Jumiata St. ..... Ward)

2. FULL NAME Zita Klevorn McDonald

(a) Residence, No. 4340 Jumiata St., 16 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)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 27, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
60	6	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Saint Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Barney Klevorn

14. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

MOTHER

15. MAIDEN NAME Elizabeth Mackey

16. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Germany

17. INFORMANT Joseph McDonald Joseph H. McDonald
(ADDRESS) 4340 Juniata

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Nov. 11, 1932

19. UNDERTAKER Thomas J. Finian
(ADDRESS) 1519 South Grand Boulevard

20. FILED NOV 10 1932 Mary C. Farrell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 8, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 23, 1932, to Nov 8, 1932

I last saw her alive on Nov 8, 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.

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

	Date of onset
1a Mitral Regurgitation	8 yrs
4 LHF	1
Other contributory causes of importance:	
Chronic Nephritis	6 m

Name of operation None Date of .....

What test confirmed diagnosis? Exam + Hematuria 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? .....

If so, specify .....

(Signed) Geo B Kroeger, M. D.

(Address) 3442 Geraldine Ave

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.