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.

AUG 9 1935

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

Do not use this space.

24933

1. PLACE OF DEATH

County ISOLATION HOSPITAL Registration District No. 791

Township Primary Registration District No. 1003

City St Louis Mo (No. ..... St. ..... Ward)

File No. 6369

Registered No.

2. FULL NAME Donald McDonald (Budde)

(a) Residence, No. 3525 N. 25th St., 20 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: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 22 1929

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
6	3	3	

OCCUPATION

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

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

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) St. Louis Mo.

FATHER

13. NAME Elmer McDonald.

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

MOTHER

15. MAIDEN NAME Anna Rogers

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

17. INFORMANT (ADDRESS) Stella Grady 3600 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE St Trinity Luth Cem. DATE 7-27- 1935

19. UNDERTAKER (ADDRESS) C. Hoffmeister U. & Co. 7814 So. Broadway

20. FILED JUL 27 1935 19 J. H. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25 1935

22. I HEREBY CERTIFY, That I attended deceased from July 24 1935, to July 25 1935

I last saw alive on July 25 1935. Death is said to have occurred on the date stated above, at 10 00 A m.

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

	Date of onset
Bronchopneumonia 2	?
115°	

Other contributory causes of importance:

Thrombosis & Tonsillitis	7-24-35
Otitis Media Bilat	
Meningitis: Type undetermined	

Name of operation ..... Date of

What test confirmed diagnosis? autopsy Was there an autopsy? yes

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) Henry J. Ulrich, M. D.

(Address) ISOLATION HOSPITAL