1104

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 18 1936

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

Do not use this space.

25027

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis, Mo. (No. City Hospital No. 2 ..... Ward)

File No. .....

Registered No. 6702

2. FULL NAME Walter McDonald

(a) Residence, No. 3836 Finney Ave St., 11 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 Ma[illegible]

4. COLOR OR RACE Colored

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

5A. IF [illegible]RIED, WIDOWED, OR DIVORCED [illegible]SBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 27, 1876

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
59 "	9	2	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ODD JOBS ~~Common~~

10. Date deceased last worked at this occupation (month and year).....

11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St Louis
(STATE OR COUNTRY) Mo.

FATHER

13. NAME Lovell McDonald

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

MOTHER

15. MAIDEN NAME Elizabeth ?

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

17. INFORMANT Jennis Carson
(ADDRESS) 3843 Cook

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Greenwood DATE 7-2 1936

19. UNDERTAKER E. L. Garner
(ADDRESS) 2829 Washington Ave.

20. FILED JUL 2 1936 J F Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 10:30 A.

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

Date of onset

Sepsis; Loss of Finger; index, right hand; Infection of right hand; Chronic Myocarditis; following a cut of above described finger with knife while peeling

Other contributory causes of importance:
potatoes on May 25, 1936, at Gus Cafe, 1046 N. Vandeventer Accident.

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Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 5/25, 1936

Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)

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

Manner of injury Cut with knife

Nature of injury See above.

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify.....

(Signed) John J. Sweeney, M.D.

(Address) Deputy Coroner