

REC'D MAY 10 1938

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

13312

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City..... **St. Louis** (d) Street No. **Homer Phillips Hospital** St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred **22** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. **3916**

## 2. PRINT FULL NAME

**Charles McDonald 235**

(a) Residence, No. **1430 Papin** St. **22**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dora McDonald**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct. 16, 1861**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**76 6 8**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. **Laborer**  
 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) **Oklahoma**13. NAME **John McDonald**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Oklahoma**15. MAIDEN NAME **Susie Bronner**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Oklahoma**17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Park** DATE **4/27/38**19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wade Undertaking 4202 Finney Ave.**20. FILED **APR 27 1938** **J. F. Brubaker** Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 24 1938**22. I HEREBY CERTIFY, That I attended deceased from **April 21 1938**, to **April 24 1938**I last saw him alive on **April 24 1938** Death is saidto have occurred on the date stated above, at **1:50a m.**

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

**Hypertensive heart disease**

Date of issue

**38**

Other contributory causes of importance

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

What test confirmed diagnosis? **clinical** 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) **W. L. Lewis**, M. D.(Address) **2601 N Whittier**

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, \_\_\_\_\_

\_\_\_\_\_, or by \_\_\_\_\_

Registered Apprentice No. \_\_\_\_\_, working under my personal supervision

Signed J. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Chouteau

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**