

REC'D JUL 12 1938

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

20726

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 Mo** (d) Street No. **1024 A Brooklyn** Registered No. **5865**  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.  
(If death occurred in Hospital or Institution, write its name instead of street and number)

## 2. PRINT FULL NAME

**Myrtle M. Donald (W)**  
(a) Residence, No. **1024 A Brooklyn** St. **26** (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS IF LESS than day, hr. or min.  
**about 51**

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.  
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) **Miss Mo**13. NAME **Unknown**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**15. MAIDEN NAME **Unknown**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**17. INFORMANT (ADDRESS) **Tom Esler - P.D. 479 Clarence**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Washington** DATE **6-22-38**19. FUNERAL DIRECTOR (NAME AND ADDRESS) **Rev. Ruchter, 350 Judger Anatomical Board**20. FILED **JUN 29 1938** **J. F. Breck** Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/6/38**  
22. I HEREBY CERTIFY, That I attended deceased from  
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.  
The principal cause of death and related causes of importance were as follows:  
**Subdural hemorrhage of the brain, following contusion of the head when she fell on a**

Other contributory causes of importance:  
**Drift sidewalk in the yard at 1024 Brooklyn while intoxicated about 5 p.m. June 5-1938**

Name of operation..... Date of operation.....  
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..... Date of injury **6/5/38**  
Where did injury occur? **St. Louis**  
Specify whether injury occurred in industry, in home, or in public place. **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) **Joseph M. Quinn, M.D.**  
(Address) **Deputy Coroner**

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**