

12 1939

FEB 7 1939

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

3865
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Clayton Primary Registration District No. 111
(c) City Richmond Heights (d) Street No. St. Mary's Hospital Registered No. 60
(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 Hazel Bell Macdonald

(a) Residence, No. 3025 Allen Ave. St. Louis, Mo. (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7, 1885

7. AGE YEARS 53 MONTHS 10 DAYS 3 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Mathew Kirkwood

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

15. MAIDEN NAME Bella Loredon

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

17. INFORMANT Robert L. Macdonald (ADDRESS) 3025 Allen Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan. 13, 1939

19. FUNERAL DIRECTOR (NAME) Charles Kron Funeral Home (ADDRESS) 4911 Washington Blvd.

20. FILED JAN 12 1939 90 R. Major M.D.B.N. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 10, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1939, to 1-10, 1939
I last saw her alive on 1-10, 1939 Death is said to have occurred on the date stated above, at 11:12 m.

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

Left lobar Pneumonia
108

Other contributory causes of importance: None

Name of operation None Date of None
What test confirmed diagnosis? Wray 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 None, 19None
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 None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) J. C. Baker, M. D.

(Address) 45 The Theatre Bldg
St Louis Mo

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.

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,

Thomas R. Fenwick

, or by

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

Signed

Thomas R. Fenwick

Licensed Embalmer No.

3793

P. O. Address

St. Louis, Mo.

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.