

JAN 25 1939

FEB 7 1939

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

3952
Do not use this space.

1. PLACE OF DEATH
 (a) County Saint Louis Registration District No. 784
 (b) Township Carondelet Primary Registration District No. 200 Registered No. 151
 (c) City Jefferson Barracks or Jefferson Barracks (d) Street No. Veterans Adm. Facility St. Unkn. (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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Milton C. McDonald
 (a) Residence, No. 1010 So. Tenth Avenue St. Saint Louis, Missouri. (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1893

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>45</u>	<u>6</u>	<u>13</u>	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cook
 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) Minneapolis, (STATE OR COUNTRY) Minnesota.

FATHER
 13. NAME Julius McDonald
 14. BIRTHPLACE (CITY OR TOWN) --- (STATE OR COUNTRY) Minnesota.

MOTHER
 15. MAIDEN NAME Clare Daniels
 16. BIRTHPLACE (CITY OR TOWN) Unknown. (STATE OR COUNTRY) ---

17. INFORMANT Clinical Clerk, VAF., Jefferson Barracks, Missouri. (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE Jan. 28, 1939

19. FUNERAL DIRECTOR (NAME) C. Hoffmeister U. & L. (ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED JAN 25 1939 A. R. Meyer, M. D., Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from January 17, 1939, to January 24, 1939
 I last saw him alive on January 24, 1939 Death is said to have occurred on the date stated above, at 6:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Bilateral Bronchopneumonia, lower lobes. Date of onset 1-23-39
23

Other contributory causes of importance:
Chronic Bronchitis; Bronchectasis, Unkn.
Pulmonary; Emphysema; Arrested Unkn.
Pulmonary Tuberculosis. Unkn.

Name of operation None Date of ---
 What test confirmed diagnosis? Phys. clinical exam. and laboratory 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 ---
 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) C. W. HUGHES, Chief Med. Officer, M. D.
 (Address) VAF., Jefferson Barracks, 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, 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.