

I X19111

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 20601

REGISTRATION DISTRICT NO. 791
1008

Primary Registration District No. _____

Registrar's No. 5445

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4108 Utah 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis 1 16
(If outside city or town limits, write "RURAL")

(d) Street No. 4108 Utah
(If rural, give location)

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME William Mc Donald

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1939 hour 6 minute 15 P. M.

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased: 8 (Month) 14 (Day) 1870 (Year)

21. I hereby certify that I attended the deceased from June 10, 1939, to June 18, 1939; that I last saw him alive on June 18, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death myocarditis acute Duration _____

8. AGE: Years	Months	Days	If less than one day
<u>68</u>	<u>10</u>	<u>4</u>	hr. _____ min. _____

Due to Carcinoma of Liver

Due to Pneumonia

9. Birthplace Wisconsin
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Bookkeeper 1

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown 9

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant's own signature Mary Mc Donald

(b) Address 4108 Utah

17. (a) Burial (b) Date thereof 6/21/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Patricks Cemetery

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director Alton, Ill. Hatcher

(b) Address 2331 S. Broadway

19. (a) JUN 19 1939 (b) J. D. Grubbs
(Date of burial or removal) (Signature of embalmers)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature C. W. Chapman (M. D. or other) _____
Address 4218th State National Bldg Date signed 6/18/39

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.....

Frank J. Wyland Sr. Registered Apprentice No.
working under my personal supervision.

Signed.....

Frank J. Wyland Sr.
Licensed Embalmer No. *2645*

P. O. Address *St. Louis*

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.