

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

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:
Josephine Heitkamp Memorial Hospital
(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)

3. (a) PRINT FULL NAME Marie A. Mc. Donald

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-07-5176

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased January 11, 1891
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>5</u>	<u>8</u>	hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Auditor

11. Industry or business Majestic Hotel

MOTHER FATHER
12. Name Angus Mc Donald
13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Mary Moran
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Margaret Mc Donald
(b) Address 5437 Geraldine Avenue

17. (a) Burial (b) Date thereof 6/22/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. H. Gibson & Co
(b) Address 2842 Meramec St.

19. (a) JUN 21 1939 (b) J. H. Gibson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 5437 Geraldine
(If rural, give location)
(e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th
year 1939 hour 7.25 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Pyothorax</u>	
Due to <u>fluor-manip could not be ascertained.</u>	
Due to _____	

Other conditions 50
(Include pregnancy within 3 months of death)

Major findings: Scirrhous Carcinoma
Of operations left Breast - May 3 - 1939
Of autopsy Pyothorax

PHYSICIAN

Underline the cause to which death should be charged statistically X

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

(a) Accident, suicide, or homicide (specify) Open Vein
(b) Date of occurrence May 15 1939
(c) Where did injury occur? St. Louis
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place - struck by street car door.
While at work? In street (e) Means of injury Street car door.

23. Signature Joseph M. Moran
Address Deputy Coroner

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
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 Herman A. Gebken
2120
Licensed Embalmer No.....
2842 Meramec Street
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.