DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23886

REC'D AUG 11 1939

Registration District No. 791

Primary Registration District No.

Registrar's No. 6159

1. PLACE OF DEATH: 1003

(a) County 5364 Easton Ave. 3

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

(c) Name of hospital or institution: En Route De Paul 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 6

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 5201 MAFFITT AVE (If rural, give location)

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

3. (a) PRINT FULL NAME 254 Donald McNail

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

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 August 21, 1930 (Month) (Day) (Year)

8. AGE: Years 8 Months 10 Days 19 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business

FATHER
12. Name Earl McNail
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mary Neubauer
15. Birthplace St. Louis, (City, town, or county) Mo. (State or foreign country)

16. (a) Informant's own signature Earl McNail

(b) Address 5201 St. Louis Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 13, '39 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Goodhart Goodhart

(b) Address 2228 ST. LOUIS AVE

19. (a) JUL 12 1939 (Date received local registrar) (b) J. F. Briedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10th year 1939 hour 11:50 minute A. M.

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

Immediate cause of death Crushed Skull, suffered when deceased fell from side of Chevrolet Truck driven by one Robert

Due to Kohn, in front of about 5364 Easton Ave., about 11:50 A.M. July

Due to 10, 1939, when deceased was stealing ride with another boy.

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

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically

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

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

(b) Date of occurrence July 10th, 1939

(c) Where did injury occur? St. Louis, Mo. (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? In Public Place (Specify type of place)

While at work? No (e) Means of injury Fall off Truck

23. Signature Joseph M. Quinn (M. D. or other)

Address Deputy Coroner Date signed 7/12

(Licensed Embalmer's Statement on Reverse Side)

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 [signature]

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.