

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.

**NOV 13 1939** 791  
Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: **1003**  
(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: **721 W. Poepping** 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: **Life**  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** 1 (b) County \_\_\_\_\_  
(c) City or town **St. Louis** 1  
(If outside city or town limits, write "RURAL")  
(d) Street No. **721 W. Poepping st.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME **James L. McDonald** 235  
3. (b) If veteran, name war **None**  
3. (c) Social Security No. **494-01-2630**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **October** day **29**  
year **1939** hour **9** 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 **Nellie**  
6. (c) Age of husband or wife if alive **55** years  
7. Birth date of deceased **March 13** **1886**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **August 10**, 19**39**, to **Oct. 29**, 19**39**  
that I last saw him alive on **Oct. 28**, 19**39**  
and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **7** Days **16**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death: **Coronary Occlusion** 15 min  
**Coronary Artery Disease** 3 mos.

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

Due to **Hypertensive Heart Disease** 30  
Due to **Chronic nephritis** ?

10. Usual occupation **Car Inspector**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

11. Industry or business **T.R.R.A.**

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

12. Name **James McDonald**  
13. Birthplace **St. Louis** **Missouri**  
(City, town, or county) (State or foreign country)

14. Maiden name **Unknown**  
15. Birthplace **Unknown**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Nellie McDonald**  
(b) Address **721 W. Poepping**

17. (a) **Burial** (b) Date thereof **Nov. 1 1939**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Parklawn Cemetery**

18. (a) Signature of funeral director **H. H. Hunter**  
(b) Address **7814 S. Broadway**

19. (a) **OCT 31 1939** (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. Signature **George A. Sullivan** (M. D. or other) \_\_\_\_\_  
Address **421 W. Schurmer** Date signed **10/20/39**

1-3 PM

**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 Linus C. Hoffmeister  
Licensed Embalmer No. 3871  
P. O. Address 7814 S. Broadway

**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.**