

Registration District No.

Primary Registration District No.

Registrar's No.

10393

1. PLACE OF DEATH:

- (a) County St. Louis !
- (b) City or town St. Louis
- (c) Name of hospital or institution: City Hospital #1
(If outside city or town limits, write "RURAL" and name of township)
- (d) Length of stay: In hospital or institution 22 Days
(Specify whether years, months or days)
- In this community Nov 13th to Dec 4th 1939

3. (a) PRINT FULL NAME MARY MCDONALD 235
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race A 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Arthur J. McDonald 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased Jan 20 1864
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
- 75 10 14 hr. min.

9. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business _____
- MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown Unknown
(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 Arthur J. McDonald
- (b) Address 7114 Winona Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-6-39
(Month) (Day) (Year)
- (c) Place: burial or cremation Catholic Church St. Matthew
18. (a) Signature of funeral director Mitchell Berg Funeral Home
- (b) Address Webber Grove Missouri
19. (a) DEC 5 1939 (Date received local registrar) (b) J. D. Brudick (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
- (c) City or town St. Louis 3
(If outside city or town limits, write "RURAL")
- (d) Street No. 7114 Winona Ave
(If rural, give location)
- (e) If foreign born, how long in U. S. A? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 4,
year 1939 hour 8 minute 35 P. M.
21. I hereby certify that I attended the deceased from November 13, 1939, to December 4, 1939;
that I last saw her alive on December 4, 1939;
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic myocarditis

Duration

Due to _____

Due to _____

Other conditions
(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) _____
- (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? _____ (Specify type of place)
- (e) Means of injury fall

23. Signature A. J. Brudick (M. D. or other)
Address 1515 Lafayette Date signed 12/5/39

Em blank signed

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.