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
JAN 12 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41723

Registration District No. 781 Primary Registration District No. Registrar's No. 10846

1. PLACE OF DEATH: 100

(a) County 1

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

(c) Name of hospital or institution: St. Johns Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2½ Weeks. (Specify whether
In this community 70 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Mo. (b) County

(c) City or town University City. NR
(If outside city or town limits, write "RURAL")

(d) Street No. 7340 Melrose Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward J. McDonald. 235

3. (b) If veteran, name war

3. (c) Social Security No. 702-05-0963

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Johanna McDonald.

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

7. Birth date of deceased Dont Know. (Month) (Day) 1869 (Year)

8. AGE: Years 70 Months Dont Days Know. If less than one day hr. min.

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

10. Usual occupation Local Freight Agent.

11. Industry or business Wabash R.R. 0

FATHER
12. Name John McDonald. 5
13. Birthplace Ireland. (City, town, or county) (State or foreign country) 5

MOTHER
14. Maiden name Dont Know.
15. Birthplace Ireland. (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Edw. McDonald Jr.
(b) Address 7340 Melrose

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell

19. (a) DEC 19 1939 (Date received local registrar) (b) J. F. Bradick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18th.
year 1939 hour 8 PM minute M.

21. I hereby certify that I attended the deceased from Nov-30 39, 19, to Dec 18 — 1939, that I last saw him alive on Dec 18 — 1939, and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis, chronic + Coronary occlusion

Due to Infection cause unknown. Probably due

Due to to an embolism

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93

Of autopsy no

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: no
(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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Cawhite (M. D. or other)
Address 1114 Rio Theatre Bldg Date signed 12/9/39

(Licensed Embalmer's Statement on Reverse Side)

Dr Calwell
Mrs Fla Bed

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

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

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