

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

12509 ✓

State File No. _____

Registration District No. 784

Primary Registration District No. 200

Registrar's No. 712

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 2/17/40
(Specify whether _____)

In this community unknown
years, months or days

3. (a) PRINT FULL NAME Malachy Frank McDonald 235

3. (b) If veteran, name war World War 3. (c) Social Security No. 497-09-5999

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

6. (b) Name of husband or wife Anne 6. (c) Age of husband or wife if alive -33 years

7. Birth date of deceased July 22, 1897
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>42</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Salesman

11. Industry or business - AUTOMOBILE

MOTHER FATHER { 12. Name John McDonald

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

14. Maiden name Josephine Murphy

15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig
(b) Address Clinical Clerk VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 4/15/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calgary

18. (a) Signature of funeral director M. Schellig
(b) Address 2117 E Grand Blvd

19. (a) APR 11 1940 (b) D. R. Meyer
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 2147-A John Av.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 11
year 1940 hour 3:50 minute 8 A.M.

21. I hereby certify that I attended the deceased from February 17, 1940 to April 11, 1940
that I last saw him alive on April 11, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lung Abscess, right lung, following pneumonia, in Nov 1939. Duration 4 1/2 mo.

Due to Don't know when started, but at time N. M. D.

Other conditions None.
(Include pregnancy within 3 months of death)

Major findings: No operation.

Of autopsy No 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) NO

(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? _____

707 While at work? C. W. Hughes (Specify type of place) (e) Means of injury _____

23. Signature C. W. Hughes, M.D. (M. D. or other) !
Address Veterans Adm. Bldg., Jeff. Bks., Mo.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.