S. No. 2
—4-13-40
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40513

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 10284

1. PLACE OF DEATH:
(a) County 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: Enroute To Homer G Phillips (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 4Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St, Louis. (If outside city or town limits, write "RURAL") 11
(d) Street No. 3646a Finney Ave. (If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Morris Mc Donald
3. (b) If veteran, name war
3. (c) Social Security No. 497-10-1031
4. Sex Male
5. Color or race Negro
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 8 (Month) 11 (Day) 1916 (Year)
8. AGE: Years 24 Months 3 Days 29 If less than one day hr. min.
9. Birthplace Pine Bluff (City, town, or county) Ark, (State or foreign country) 1
10. Usual occupation Steel Worker
11. Industry or business Shiffield Steel Co, 1
FATHER 12. Name William Mc Donald 1
13. Birthplace Unknown (City, town, or county) Miss, (State or foreign country)
MOTHER 14. Maiden name Lillie Winston
15. Birthplace Pine Bluff (City, town, or county) Ark, (State or foreign country)
16. (a) Informant Francis Alcorn
(b) Address 3646a Finney Ave
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/15/40 (Month) (Day) (Year)
(c) Place: burial or cremation Pine Bluff Ark,
18. (a) Signature of funeral director Peoples Burial League
(b) Address 3100 Franklin Ave,
19. (a) DEC 14 1940 (Date received local registrar) (b) J. M. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 10 year 1940 hour 3:25 minute P. 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 — Duration
Acute Cardiaventricular dilatation of Cardiac Fatty Degeneration;
Due to CONTRIB: Hypopituitary Gland;
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature (M. D. or other)
Address Date signed 12/14/40

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

(Licensed Embalmer's Statement on Reverse Side)

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, ~~only~~ .....

....., Registered Apprentice No. .....,

working under my personal supervision.

Signed Henry A Gooden

Licensed Embalmer No. 3050

P. O. Address 4237 W Labadie

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, fact should be so stated above.