

No. 2
-1-4-41
5-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **33227**

FILLED NOV 24 1941

Registrar's No. **8182**

Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(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:
DePaul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2-weeks**
(Specify whether _____)
In this community **55 Years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**
(c) City or town **Clayton**
(If outside city or town limits, write "RURAL")
(d) Street No. **#76 Aberdeen Place**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Cornelius M. McDonald**
3. (b) If veteran, name war **None**
3. (c) Social Security No. **194-05-9872**
~~None~~

MEDICAL CERTIFICATION
DATE OF DEATH: Month **Oct.** day **13th.**,
year **1941** hour **11** minute **30 a.m.**

4. Sex **M.** 5. Color or race **W.**
6. (a) Single, widowed, married, divorced **M.**
6. (b) Name of husband or wife **Stella McDonald**
6. (c) Age of husband or wife if alive **58** years
7. Birth date of deceased **May 1st., 1875**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **Sep 8** 19**41** to **Oct 13** 19**41**
that I last saw him alive on **Oct 13** 19**41**
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
66 **5** **12** hr. min.

Immediate cause of death **Carcinoma of Bladder**
Urinary
Duration **1 yr**
Due to _____
Due to **52 b**
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: **None**
Of operations **None**
Of autopsy **None made**

9. Birthplace **N.Y.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Real Estate**

11. Industry or business _____

MOTHER FATHER { 12. Name **John McDonald**
13. Birthplace **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name **Margaret O'Callahan**
15. Birthplace **Ireland**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mr. Cornelius M. McDonald Jr.**
(b) Address **#76 Aberdeen Place**

17. (a) **Burial** (b) Date thereof **10-16-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation **Calvary**
18. (a) Signature of funeral director **Arthur J. Donnelly**
(b) Address **3840 Lindell Blvd.**

While at work? _____ (Specify type of place)
(c) Means of injury _____
23. Signature **Rachelella C** (M. D. or other)
Address **Bourmont** Date signed **10/14/41**

19. (a) **OCT 14 1941** (b) **J. F. Breder**
(Date local Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

2

3720 Mark
2-11

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 Fred Truck

Licensed Embalmer No. 3186

P. O. Address St Louis, Mo

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.