

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 42935
Registrar's No. 75

FILED JAN 20 1942
Registration District No. 20

Primary Registration District 20

1. PLACE OF DEATH:

(a) County St. Louis
(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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 12/22/41
(Specify whether years, months or days)
In this community Since 12/22/41

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999
(c) City or town State Park Place 11
(If outside city or town limits, write "RURAL")
(d) Street No. 3308 Arlington Avenue 0
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country - 2

3. (a) PRINT FULL NAME

John P. McDonald

3. (b) If veteran, name war

WORLD

3. (c) Social Security No.

Unknown

4. Sex

Male

5. Color or race

White

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

Single

6. (b) Name of husband or wife

Single

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

9 years

7. Birth date of deceased

February

9

1888

8. AGE:

Years

Months

Days

If less than one day

53

11

-

- hr. - min.

9. Birthplace

Washington, Ind.

(City, town, or county)

(State or foreign country)

10. Usual occupation

Laborer

11. Industry or business

-

MOTHER FATHER { 12. Name

John McDonald

13. Birthplace

Indiana

(City, town, or county)

(State or foreign country)

14. Maiden name

Theresa McCoy

15. Birthplace

Indiana

(City, town, or county)

(State or foreign country)

16. (a) Informant

M. Schilling

(b) Address Clinical Clerk, V.F. Jeff. Brks., MO.

17. (a) Removal

(Burial, cremation, or removal)

(b) Date thereof 1-11-42

(Month) (Day) (Year)

(c) Place: burial or cremation East St. Louis, Ill.

18. (a) Signature of funeral director

Albert H. Hoppe

(b) Address 4300 Washington Ave.

19. (a) JAN 10 1942
(Date received local registrar)

(b) J. P. McDonald
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 9
year 1942 hour 6:50 minute A. M.

21. I hereby certify that I attended the deceased from December 22 1941 to January 9 1942

that I last saw h. im alive on January 9 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Tumor, left lung, malignant.
Duration About 3 months.

Due to

Due to 470

Other conditions -
(Include pregnancy within 3 months of death)

Major findings:

Of operations -

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) -

(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 -

23. Signature L. M. COCHRAN, M.D. (M. D. or other)

Address Chief Medical Officer. Date signed -

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

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: *Albert G. Hoffer*

Licensed Embalmer No. *2971*

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, fact should be so stated above.