

S. No. 2
M-5-42
v. 5-17-39
X32873

41978

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2678

Registration District No. 784

Primary Registration District No. 200

96
00

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

1. PLACE OF DEATH

(a) County St. Louis

(b) City or town Rural Lambert Field
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Enroute
years, months or days)

3. (a) PRINT FULL NAME William P. McDonald

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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 Oct 16 1920
(Month) (Day) (Year)

8. AGE: Years 22 Months 1 Days 29 If less than one day _____ hr. _____ min.

9. Birthplace Unknown
(City, town, or county) (State or foreign country)

10. Usual occupation Unknown

11. Industry or business _____

MOTHER FATHER

12. Name William J. McDonald

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant US Army Air Base, Records

(b) Address Topeka, Kansas.

17. (a) Removal (b) Date thereof 12-18-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Los Angeles, Calif.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. DEC 18 1942 (Date received local registrar)

(b) W. H. Bopp (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State California (b) County 4

(c) City or town Stoekton
(If outside city or town limits, write "RURAL")

(d) Street No. 3037 N. California St.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 15
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Skull Fracture

Due to Airplane Crash

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

Major findings: _____
Of operations _____

Of autopsy None

Duration _____

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) Accident 096

(b) Date of occurrence Dec 15th, 1942

(c) Where did injury occur? St. Louis Co. Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public Place

While at work? On Duty (Specify type of place) (e) Means of injury _____

Signature W. H. Bopp (M. D. or other) Lt. Comm.

Address USNR AB Lambert Field Date signed 12-17-42

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.....

Thomas H. Bopp

Licensed Embalmer No. *9221*

P. O. Address *Kirkwood 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.