S. No. 2
M—5-42
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8548

FILED MAR 25 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2511

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

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: BARNES HOSPITAL 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution One day (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Mo. (b) County 12 1

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 4542 Pershing Ave.
(If rural, give location)

(e) Citizen of foreign country? ~~[illegible]~~ NO (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME JESSE McDONALD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race W 0

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Gertude McDONALD

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Nov. (Month) 11 (Day) 1864 (Year)

8. AGE: Years 78 Months 4 Days 4 If less than one day hr. min.

9. Birthplace Wabash County (City, town, or county) Ind. 1 (State or foreign country)

10. Usual occupation Lawyer

11. Industry or business Self

FATHER
12. Name David Mc Donald
13. Birthplace (City, town, or county) Penn. 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Ramsay Ind.
15. Birthplace (City, town, or county) Ind. 1 (State or foreign country)

16. (a) Informant Mrs Jesse McDonald
(b) Address 4542 Pershing

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Mar. 16 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) MAR 16 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15 year 1943 hour 11:33 minute A. M.

21. I hereby certify that I attended the deceased from MARCH (9:10 A.M.) 15 1943 to MARCH 15 1943 11:33 A.M. that I last saw h. 1 M. alive on MARCH 15 1943; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Cardiac Failure

Due to arteriosclerotic heart disease

Due to Generalized arteriosclerosis (advanced)

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy arteriosclerosis - generalized advanced. Healed infarcts of myocardium

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)

(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. C. Abney (M. D. or other)

Address BARNES HOSPITAL Date signed 3/15/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 25 1965

APR 26 1965

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

Not Embalmed, Registered Apprentice No.

working under my personal supervision.

Signed Melvin L. Kempson

Licensed Embalmer No. 4052

P. O. Address 4005 Lexington

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.