

LED MAR 25 1943 818  
Registration District No.

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County  
(b) City or town St. Louis  
(c) Name of hospital or institution: St. John's Hosp.  
(d) Length of stay: In hospital or institution 3-1/2 Mo.  
In this community 20 Years.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis  
(d) Street No. 844 Canaan Ave  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME James Lee McDonough

3. (b) If veteran, name war World War. (c) Social Security No. 494-01-0057

4. Sex Male race White 5. Color or  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Vernie McDonough 6. (c) Age of husband or wife if alive 39 years  
7. Birth date of deceased Dec. 26, 1894

8. AGE: Years Months Days If less than one day  
48 2 18 hr. min.

9. Birthplace Ellis Grove, Illinois

10. Usual occupation Street Car Motorman

11. Industry or business St. Louis Public Service

12. Name George McDonough

13. Birthplace Illinois

14. Maiden name Caroline Hermes

15. Birthplace Illinois

16. (a) Informant Mrs. Stella Britton

(b) Address 5010 Blair Ave.

17. (a) Removal (b) Date thereof 3/16/43

(c) Place: burial or cremation Ellis Grove, Ill.

18. (a) Signature of funeral director [Signature]  
(b) Address 2117 E. Grand Blvd.

19. (a) AD 15 (b) J. F. Bredek

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14  
year 1943 hour 5 minute 20 P.M.

21. I hereby certify that I attended the deceased from see  
2, 1943 to March 14, 1943  
that I last saw him alive on March 14, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma  
left kidney

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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

While at work? (Specify type of place) (c) Means of injury

23. Signature [Signature] (M. D. or other)  
Address 3901 Park Date signed 3/15/43

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

MOTHER FATHER

**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

*Frank A. Moore*

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**