

FILED MAY 7 1943 18

Registration District No.

Primary Registration District No.

1003

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

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... **St. Louis, Mo.**  
(c) Name of hospital or institution:  
**Homer G. Phillips Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... **28 days**  
In this community..... **3 years**  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....  
(c) City or town..... **St. Louis,**  
(If outside city or town limits, write "RURAL")  
(d) Street No. .... **4477a Finney**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Robert McDonald**

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Sep.**

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

7. Birth date of deceased..... **April 9, 1873**  
(Month) (Day) (Year)

8. AGE: Years **70** Months **0** Days **2** If less than one day hr. min.

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

10. Usual occupation.....

11. Industry or business.....

12. Name **Robert McDonald**

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

14. Maiden name **Kittie Smith**

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

16. (a) Informant **Shirley M. Smith**

(b) Address **2601 N. Whittier St.**

17. (a) Place: burial or cremation..... (b) Date thereof..... **4-20-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director..... (b) Address.....

19. (a) **APR 29 1943** (b) **J. F. Break**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **11,** year **1943** hour **8** minute **35 P.** M.

21. I hereby certify that I attended the deceased from **March 13,** 19 **43** to **April 11,** 19 **43**

that I last saw him/her alive on **April 11,** 19 **43**; and that death occurred on the date and hour stated above.

Immediate cause of death **Diabetes Mellitus**

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?..... (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 **C. R. Merrey** (M. D. or other) Address **2601 N. Whittier** Date signed **4/15/43**

Duration **Unk.**  
PHYSICIAN Underline the cause to which death should be charged statistically.

---

---

**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.....

Licensed Embalmer No.....

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.**