V. S. No. 2
DM—9-4-41
5-17-39
X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19820

ED JUL 8 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 5954

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

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1mo, 9 days (Specify whether years, months or days)
In this community

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. ~~5800 Arsenal~~ 721 N. Koepping
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country American

3. (a) PRINT FULL NAME Nell Mc'Donald.

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased January (Month) 17 (Day) 1884 (Year)

8. AGE: Years ~~58~~ 59 Months 5 Days 10 If less than one day hr. min.

9. Birthplace St. Louis, Missouri. (City, town, or county) 0 (State or foreign country)

10. Usual occupation ????

11. Industry or business ????

FATHER
12. Name Frank REin
13. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Dora Miller
15. Birthplace Missouri. (City, town, or county) 0 (State or foreign country)

16. (a) Informant Lonna Green
(b) Address 5800 Arsenal

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 30 43 (Month) (Day) (Year)
(c) Place: burial or cremation PARK LAWN CEM.

18. (a) Signature of funeral director C. Hoffmeister Co.
(b) Address 7814 S. Broadway

19. (a) JUN 29 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27 year 1943 hour 3:45 minute A.M.

21. I hereby certify that I attended the deceased from May 18, 1943, to June 27, 1943 that I last saw her alive on June 26, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Degenerative H. Disease	
Due to: Arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): Mild diabetes Mellitus, Fever of unknown origin	
Major findings: ~~Of operation~~ Encephalomalacia, Arteriosclerosis	
Of 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 J. Herrmann (M. D. or other) MD
Address City Infirmary Date signed 6/28/43

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Franklin, Registered Apprentice No. ____, working under my personal supervision.

Signed Paul A. Franklin

Licensed Embalmer No. 9472

P. O. Address 7814 So. Halsey

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.