

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 8 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22448

State File No.

Registrar's No.

Registration District No. 317

Primary Registration District No. 3068

1508

1. PLACE OF DEATH:

(a) County St. Louis Missouri
(b) City or town Maplewood Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3708 Greenwood Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Maplewood Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 3708 Greenwood Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George Frederick McDonald

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

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Ellen Mary McDonald
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 10 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 1 16 _____ hr. _____ min.

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

10. Usual occupation Architect

11. Industry or business _____
12. Name Frank McDonald
13. Birthplace Ireland (State or foreign country) 4
14. Maiden name Julia Hayes
15. Birthplace Ireland (State or foreign country) 4

16. (a) Informant Emily Helen Nall
(b) Address Fulton Ky

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6 28 43
(Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood Mo

19. (a) JUL 2 1943 (Date received local registrar) (b) E. J. McFarland, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26
year 1943 hour 7 minute A M.
21. I hereby certify that I attended the deceased from Feb 15 1938 to June 26 1943
that I last saw him alive on June 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Lymphatic Leukemia
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 74/12

Major findings: Feb 15 1938 Gland excised examined at Simmons Hospital Path Dept.
Of autopsy _____

Duration 7 years
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 Vincent J. Conneely (M. D. or other) M.D.
Address 3101 S. Sutton Ave. Maplewood Mo Date signed 6-26-43

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

26
56
33

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.....

A. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Waxwood

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.