

FILED AUG 25 1944

Registration District No. 318

Primary Registration District No.

Registrar's No. 7165

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6606 Elmer
(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 _____

3. (a) PRINT FULL NAME Leroy Earl McDonald

3. (b) If veteran, name war _____ 3. (c) Social Security No. 490-03-5770

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Amy McDonald 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 5, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
56 1 9 hr. min.

9. Birthplace Mediapolis Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Frank McDonald
13. Birthplace Not known Iowa
(City, town, or county) (State or foreign country)
14. Maiden name Ryker
15. Birthplace Not known Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Amy McDonald
(b) Address Steeleville Missouri
17. (a) burial (b) Date thereof 8/16/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7027 Grayois

19. (a) AUG 17 1944 (b) J. F. Brebeck
(Date received by registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Crawfords
(c) City or town Steeleville
(If outside city or town limits, write "RURAL") NR
(d) Street No. _____
(If rural, give location) _____
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 14
year 1944 hour 2:00 minute am

21. I hereby certify that I attended the deceased from July 24
1944, to Aug 11, 1944;
that I last saw him alive on August 11, 1944;
and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of vessels and structures of neck
Due to Carcinomatosis of 6 hrs.

Due to Carcinoma, origin not determined

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy _____

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 Raymond Williams (M. D. or other) M.D.
Address 1-14 N. Taylor Date signed 8/16/44

NOV 19 1977

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..... *G. P. Kidwell*
Licensed Embalmer No. *3877*
P. O. Address..... *7027 Gravois*

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.