

FILED FEB 24 1945

318

Primary Registration District No. _____

1003

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4258 McDonald Botanical
(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 1

3. (a) PRINT FULL NAME Mary A. McDonald

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife William 6. (c) Age of husband or wife if alive _____ years 1875
7. Birth date of deceased June 1 (Month) (Day) (Year)

8. AGE: Years 69 Months 8 Days 11 If less than one day hr. _____ min. _____

9. Birthplace New York, N. Y. (City, town, or county) (State or foreign country) 1

10. Usual occupation Home

11. Industry or business Thomas Murphy

12. Name Unknown 9

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Unknown (City, town, or county) (State or foreign country) 9

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

16. (a) Informant Mr. Geo. Rippley

(b) Address 4258 Botanical Ave.

17. (a) Removed (b) Date thereof Feb. 15, 1945 (Month) (Day) (Year)

(c) Place: burial or cremation St. Patrick's Cemetery

18. (a) Signature of funeral director Walter Helms

(b) Address 3634 Gravois Ave.

19. (a) FEB 13 1945 (Date received local registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(d) Street No. 4258 McDonald Ave. (If rural, give location) Botanical
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. Day 12 Year 1945 Hour 5 Minute 00 P. M.

21. I hereby certify that I attended the deceased from 44 1944 to 2-12-45 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute myocardial infarction

Due to Adhesions

Due to _____

Other conditions: 125
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: _____
Of autopsy: _____

Duration 4 days
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) (Specify type of injury)
23. Signature [Signature] (M. D. or other) _____
Address 300 Grand Ave. Date signed 2-13-45

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 J. Ireland

Licensed Embalmer No. 2675

P. O. Address St. Bernardino

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.