S. No. 2
M—8-43
7. 5-17-39
Form I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 12 1945

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11517

Primary Registration District No. 1003

Registrar's No. 4012

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: Firmin Desloge Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (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. 5458 Genevieve Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME George McDonald

3. (b) If veteran, name war No

3. (c) Social Security No. 489-05-2375

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased July (Month) 19 (Day) 1890 (Year)

8. AGE: Years 54 Months 9 Days 16 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business United Drug Co.

MOTHER FATHER

12. Name John G. Mc.Donald

13. Birthplace Co. Cork (City, town, or county) Ireland (State or foreign country)

14. Maiden name Margaret Callahan

15. Birthplace Co. Cork (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Miss Mary A. Mc.Donald

(b) Address 5458 Genevieve Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5- 7- 45 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cullinane Bros.

(b) Address 1710 N. Grand Blvd.

19. (a) MAY 6 1945 (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5-5-45 day year hour 12:05 a.m. minute M.

21. I hereby certify that I attended the deceased from 5-4-45, 19, to 5-5-45, 19; that I last saw him alive on 5-5-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Generalized peritonitis	1 day
Due to Perforated duodenal ulcer	
Due to	
Other conditions (Include pregnancy within 3 months of death) syphilis, cystitis, non-calculous-catarrhal	

Major findings:
Of operations

Of autopsy Perforated duodenal ulcer
Generalized peritonitis

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 F. J. Burns (M. D. or other) M.D.

Address Firmin Desloge Hosp. Date signed 5-5-45

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo.

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.