S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 19 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32136

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8807

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:
Little Sisters of the Poor 5 3400 S.Grand
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 weeks (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 223 Robert 1 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME NELLIE McDONALD

3. (b) If veteran, name war ----

3. (c) Social Security No. --

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced Widow 7

6. (b) Name of husband or wife James McDonald

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

7. Birth date of deceased July (Month) 4 (Day) 1869 (Year)

8. AGE: Years 76 Months 3 Days 6 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name Bernard Gilligan
13. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Delphia Redecker 1
(b) Address 5013-a S. 37th, St. Louis, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct.13,1945 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C.Hoffmeister U.& L.Co.
(b) Address 7814 S. Broadway, St. Louis,Mo.

19. (a) OCT 19 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 10
year 1945 hour 12 minute 0 M.

21. I hereby certify that I attended the deceased from Oct 1 45 to Oct 10 45
that I last saw him alive on Oct. 9 45
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Occlusion	11 days
Myocardial Infarct	
Due to: Hypertensive Heart Dis	1 yr
Due to: Arteriosclerosis	2 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. P. Beedy (M. D. Coroner)
Address 607 No Grand Date signed 10/17/45

(Licensed Embalmer's Statement on Reverse Side)

JE-7534

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

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.