

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
#57143
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
FILED MAY 10 1946

State File No. 14974

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3903

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(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)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5941 Sherry Ave
Memorial (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME DOLLY MCDONALD
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 27th
year 1946 hour 3:50 minute P M.
21. I hereby certify that I attended the deceased from 4/26/46
to 4/27/46
that I last saw her alive on 4/27/46
and that death occurred on the date and hour stated above.

4. Sex female
5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife John McDonald
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov. 25, 1884
(Month) (Day) (Year)

Immediate cause of death
Congestive Failure
Due to Rheumatic Ht. disease
Other conditions (Include pregnancy within 3 months of death)
95

8. AGE: Years Months Days If less than one day
61 5 2 hr. min.

Physician
Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation housework

11. Industry or business
12. Name Hartwell C. Busby
13. Birthplace Memphis Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Berdie Quasie

15. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)
16. (a) Informant Hartwell C. Busby, Jr
(b) Address 4036a Labadie Ave

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?

17. (a) Burial (b) Date thereof 5-1-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodhart & Goodhart
(b) Address 2228 St. Louis Ave
19. APR 30 1946 J. T. Bruce
(Date received local health officer) (Registrar's signature)

While at work? (Specify type of place)
(e) Means of injury
Signature 1515 Lafayette (George J. Parker)
Date signed 4/29/46

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

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 Marie C. Cashion
Licensed Embalmer No. 3949
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.