

FILED MAY 16 1946 **STANDARD CERTIFICATE OF DEATH**

State File No. _____

Registration District No. _____

Primary Registration District No. _____

1003

Registrar's No. **4029**

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 Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 41 days
(Specify whether in this community _____ years, months or days)

3. (a) PRINT FULL NAME ROBERT C. McDONALD

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

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 October 29, 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 6 2 hr. min.

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

10. Usual occupation Tea and coffee salesman (retired)

11. Industry or business _____

MOTHER FATHER { 12. Name Wm McDonald
13. Birthplace Grey Abbey Ireland
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Frame
15. Birthplace County Down Ireland
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. A. M. Johnson
(b) Address 8021 Venetian Drive

17. (a) Burial (b) Date thereof May 4, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Craig Mortuary

(b) Address 4458 Washington -8-

19. (a) MAY 3 1946 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town Saint Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 5234 Alabama Ave. 9
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1 year 1946 hour 5:50 minute P M.

21. I hereby certify that I attended the deceased from March 21 to May 1 1946
that I last saw him alive on May 1 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion Myocardial infarction
Duration 10 days? 14 days?

Due to Arteriosclerotic H.C. disease ?

Due to _____

Other conditions: 95%
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy Anterior coronary occlusion large myocardial infarction
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 0

23. Signature George J. Park (M. D. or other) _____
Address 1515 Lafayette Avenue Date signed 5/2/46

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

17546

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

Philip M. Henry

Licensed Embalmer No. 3281

P. O. Address. 4468 Washington-8-

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.