V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 9 1946

Registration District No. 318 Primary Registration District No. 1003

State File No. 25490

Registrar's No. 6694

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6400 Bancroft Ave.
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

(c) City or town St. Louis 1417
(If outside city or town limits, write "RURAL")

(d) Street No. 6400 Bancroft Ave. 0
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 10

If yes, name country

3. (a) PRINT FULL NAME Norman J. McDonald

3. (b) If veteran, name war None

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 Oct. (Month) 20 (Day) 1899 (Year)

8. AGE: Years 46 Months 9 Days 10 If less than one day hr. min.

9. Birthplace Winnepeg (City, town, or county) Canada 2 (State or foreign country)

10. Usual occupation Salesman

11. Industry or business For Self

FATHER
12. Name Norman J. McDonald 4
13. Birthplace (City, town, or county) Scotland 1 (State or foreign country)

MOTHER
14. Maiden name Nellie Hamill
15. Birthplace (City, town, or county) Ireland 4 (State or foreign country)

16. (a) Informant Mrs. Mabel Berberich
(b) Address 6400 Bancroft Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8 (Month) 1 (Day) 46 (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JUL 31 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30
year 1946 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from 7-29-46, 19, to 7-30-46, 19;
that I last saw him alive on 7-30-, 1946
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	6 M.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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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) No
(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 R. Rubling Mrs (M. D. or other)
Address 5205 Chippewa Date signed 7-30-46

(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 Richard W. Storrsand

Licensed Embalmer No. 4007

P. O. Address.....

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.