

FILED SEP 18 1946

Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **7676**

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(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:
5437 Geraldine
(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 _____
years, months or days

3. (a) PRINT FULL NAME Mary A. McDonald

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: April 17, 1861
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>85</u>	<u>4</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace: Byrnesville, Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife.

MOTHER FATHER

11. Industry or business _____

12. Name: John Morain

13. Birthplace: Byrnesville, Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name: Margaret Dunnigan

15. Birthplace: Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Margaret McDonald

(b) Address: 5437 Geraldine

17. (a) Burial (b) Date thereof: Sept 5, 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Bromschwig & Son Funeral Home
(Specify type of place)

(b) Address: 4746 West Florissant

19. (a) SEP 4 1946 (b) J. A. Bredich
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 5437 Geraldine
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2, year 1946 hour 8 minute 30 A.M.

21. I hereby certify that I attended the deceased from September 2, 1946 to Sept 2, 1946; that I last saw her alive on Sept 2, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Heart failure

Due to: Coronary occlusion

Due to: chronic myocarditis

Other conditions: Obesity chronic
(Include pregnancy within 3 months of death)

Major findings: 9/11/46

-Of operations _____

Of autopsy _____

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? _____

23. Signature: Bennett R. Wood M.D. 1
(M. D. or other)

Address: 344 2 Geraldine St. Louis Mo. Date signed: 9/3/46

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

30813

3449 Anatholia
W. J. Ford

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..... *W. J. Wilkinson*

Licensed Embalmer No..... *3575*

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.