

S. No. 2
 M-543
 v. 5-17-39
 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 35267
 Registrar's No. 9038

FILED NOV 7 1946
 318

Registration District No. _____ Primary Registration District No. 100a

1. PLACE OF DEATH:
 (a) County St. Louis
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
6050a Harney 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 Missouri (b) County _____
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 6050a Harney Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No) 0
 If yes, name country _____

3. (a) PRINT FULL NAME Mattie Marie McDonald
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____
 4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Thomas McDonald
 6. (c) Age of husband or wife if alive 70 years
 7. Birth date of deceased Aug. 22nd. 1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct. day 20th.
 year 1946 hour 8.30 minute _____ A.M.
 21. I hereby certify that I attended the deceased from Sept 25 1946 to Oct 20th 1946
 that I last saw her alive on Oct 19 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
 Duration not known
 Due to _____
 Due to _____
 Other conditions _____
-(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
70 I 28 hr. _____ min.
 9. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)
 10. Usual occupation Housewife
 11. Industry or business _____
 12. Name Michael Mahan
 13. Birthplace Ireland
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Ireland
(City, town, or county) (State or foreign country)
 16. (a) Informant Thomas McDonald
 (b) Address 6050 a Harney Ave.
 17. (a) Burial (b) Date thereof 10/23/46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
Sullivan Funeral Dir
 18. (a) Signature of funeral director 2849 North Euclid Ave.
 (b) Address _____
 19. (a) OCT 22 1946 (b) J. F. Breack
(Date received local health) (Registrar's signature)

Major findings:
 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?
 While at work? _____ (Specify type of place)
 Mode of injury _____
 23. Signature John G. M. Finney (M. D. or other) MD
 Address 2014 Shelby Av Date signed 10/22/46

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

MOTHER FATHER

Dr. John G. McSwiney
50I4 Thekla
MU. 4688 REs.CO. 78I2

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.....

Robert L. Brunkman

Licensed Embalmer No. 3553

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.