S. No. 2
M—5-43
v. 5-17-39
o I X38671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11226

FILED MAR 24 1947

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2387

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1548a South Broadway (rear) 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 35 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1548a South Broadway (rear) 2317 9
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ROLANDER McDANNALD

3. (b) If veteran, name war nil

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced W 2

6. (b) Name of husband or wife Adeline

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

7. Birth date of deceased September 9, 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
81	5	27	hr. min.

9. Birthplace Sullivan County, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation laborer

11. Industry or business retired

FATHER
12. Name 9
13. Birthplace 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Henry McDannald

(b) Address 1542 So. Broadway (rear)

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-10-47
(Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A.W. McLaughlin

(b) Address 2301 Lafayette Avenue

19. (a) Mar 8-1947 (Date received local registrar) (b) J. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month March day 6th
year 1947 hour 8:00 minute a M.

21. I hereby certify that I attended the deceased from 3/3 1947 to 2/6 1947
that I last saw him alive on 2/5 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-Pneumonia — Duration 3 days

~~Due to~~ Chronic Myocarditis

Due to

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: no

(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? 0
(Specify type of place)

While at work? (e) Means of injury

23. Signature B John B Canepa (M. D. or other) M.D.

Address 2105 So Broadway Date signed 3/6/47

(Licensed Embalmer's Statement on Reverse Side)

2387

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 C W Cooper

Licensed Embalmer No. 3130

P. O. Address 2301 Lafayette Av

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.