

S. No. 2  
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5-17-39  
PI X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11229

State File No. \_\_\_\_\_

FILED MAR 24 1947  
318

Registration District No. \_\_\_\_\_

Primary Registration District No. **1003**

Registrar's No. **2734**

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:  
**2311 Sidney St.**  
(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

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. **2311 Sidney St.**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Lillian (Lilly) McDonald**

3. (b) If veteran, name war **No**

3. (c) Social Security No. **None**

4. Sex **Female** 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 **JAN. 11 1885**  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **13**  
year **1947** hour **4** minute **00** **A.M.**

21. I hereby certify that I attended the deceased from **June 10 1946** to **March 13 1947**  
that I last saw him **alive** on **March 12 1947**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

**62 2 2** hr. \_\_\_\_\_ min.

Immediate cause of death  
**Recurrent Respiring 7 day**

Due to \_\_\_\_\_

Due to **Hypertension Essential** **5 years**

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace **Enon Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **J. W. McDonald**

{ 13. Birthplace **Enon Missouri**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Eliza Morrow**

{ 15. Birthplace **Enon Missouri**  
(City, town, or county) (State or foreign country)

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? \_\_\_\_\_

16. (a) Informant **Everett McDonald**

(b) Address **2919 Moniteau Dr. Normandy, Mo.**

17. (a) **Burial** (b) Date thereof **3-15-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Russellville, Mo.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **MAR 14 1947** (b) **J. F. Pruden**  
(Date received local registrar) (Registrar's signature)

23. Signature **J. F. Pruden** (M. D. or other) **MD**

Address **7506 Shaw** Date signed **3/13/47**

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

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**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.....

*John S. Kennedy*

Licensed Embalmer No..... *4194*

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.**