

No. 2
-12-45
5-17-39
I X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11230**
Registrar's No. **3453**

Registration District No. **1318**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County.....
(b) City or town **St. Louis, Missouri.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Res: 4501 Maryland 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)

3. (a) PRINT FULL NAME **FRANCES ELIZABETH McDONOUGH.**

3. (b) If veteran, name war **None.** 3. (c) Social Security No. **None.**

4. Sex **Female.** 5. Color or race **White.**
6. (a) Single, widowed, married, divorced **Widowed.**
6. (b) Name of husband or wife **Robert Glen McDonough.** 6. (c) Age of husband or wife if alive **Dec'd.** years
7. Birth date of deceased **December 5, 1852.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
94. 3. 21. hr. min.

9. Birthplace **Frostberg, Maryland.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home.**

11. Industry or business.....

MOTHER FATHER { 12. Name **James Halpin.**
13. Birthplace **Berkley County, Virginia.**
(City, town, or county) (State or foreign country)
14. Maiden name **Emaline Bolton.**
15. Birthplace **Unknown.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Adrian M. Tobias.**
(b) Address **4501 Maryland Ave.,**

17. (a) **Removal.** (b) Date thereof **APR. 2 - 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Washington, Pennsylvania.**

18. (a) Signature of funeral director **C. R. Lupton & Sons.**

(b) Address **#7233 Delmar Blv'd.**

19. (a) **APR 1 1947** (b) **J. S. Brodeck**
(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") **12 17**
(d) Street No. **4501 Maryland Ave.,** (If rural, give location) **9 0**
(e) Citizen of foreign country? **no.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **26th,**
year **1947.** hour **2:30 P.** minute **0** P.M.

21. I hereby certify that I attended the deceased from **March 26**, 19**47**
until last saw him alive on **March 26**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage** Duration **4 days**

Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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) (c) Means of injury.....

25. Signature **J. H. Albrecht** (M. D. or other) **3/28/47**
Address **3903 Olive.** Date signed

Dr. H. H. Shackelford,
3903 Olive Street,
JE: 9730.
Hrs: 1 - 5.

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.....

Clarence H. Murray

Licensed Embalmer No.....

4011

P. O. Address.....

St. Louis, Mo.

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.