No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 9 1947
#70580

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15389

Primary Registration District No. 1003

Registrar's No. 4329

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

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 St. Louis City Hospital-Max C. Starkloff
(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 Mo (b) County 000

(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")

(d) Street No. 5041 Robin 9
Memorial (If rural, give location) 10

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

If yes, name country

3. (a) PRINT FULL NAME ARCHIE P. MACDONALD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male O

5. Color or race White

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

6. (b) Name of husband or wife Mabel MacDonald

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

7. Birth date of deceased Dec (Month) 10 (Day) 1890 (Year)

8. AGE: Years 56 Months 4 ~~17~~ Days 16 If less than one day hr. min.

9. Birthplace Rochester (City, town, or county) N.Y. (State or foreign country)

10. Usual occupation Sailor

11. Industry or business

FATHER
12. Name Archie MacDonald
13. Birthplace (City, town, or county) N.Y. (State or foreign country)

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

16. (a) Informant Mary Mulloy
(b) Address 5041 Robin ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-30-47 (Month) (Day) (Year)
~~National Cem~~ Memorial Park
(c) Place: burial or cremation ~~Jeff. Bar[illegible]~~

18. (a) Signature of funeral director Chehmann Harrel
(b) Address 1905 Union Blvd

19. (a) APR 28 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 26th year 1947 hour 3:00 minute P M.

21. I hereby certify that I attended the deceased from 4/22/47 21, 19, to April 26th 1947 that I last saw him alive on April 26th 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac Insufficiency	? weeks
Due to Hypertensive Cardio-vascular disease	? years
Due to	
Other conditions Chronic pyelonephritis non-calculous (Include pregnancy within 3 months of death)	? months

Major findings:
Of operations
Of autopsy As above.

PHYSICIAN

Underline the cause of which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature H. C. Sweet (M. D. or other)
Address 1515 Lafayette Date signed 4/28/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Med

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.....Albert R. Thompson Jr

Licensed Embalmer No.....4732

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.