

No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED JUN 13 1947

318

STANDARD CERTIFICATE OF DEATH

1003

State File No. 19104

Registrar's No. 5540

Registration District No. Primary Registration District No.

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:
Lutheran Hospital. 0
(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 000

(c) City or town St. Louis. 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4839 Cote Brilliant Ave., 9
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME WILLIAM MacDONALD.

3. (b) If veteran, name war None.

3. (c) Social Security No. No.

4. Sex Male. 0 5. Color or race White.

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

6. (b) Name of husband or wife Maude B. MacDonald,

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

7. Birth date of deceased September 2nd, 1869.
(Month) (Day) (Year)

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

77. 9. 1. hr. min.

9. Birthplace Pittsburgh, Pennsylvania.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.

11. Industry or business Amour & Company.

12. Name Samuel MacDonald. #

13. Birthplace Scotland. #
(City, town, or county) (State or foreign country)

14. Maiden name Moreland.

15. Birthplace Scotland. #
(City, town, or county) (State or foreign country)

16. (a) Informant Mr J. S. MacDonald,

(b) Address 4839 Cote Brilliant Ave.,

17. (a) Removal.. (b) Date thereof 6/4/47.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Turtle Creek, Penn.,

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

(b) Address #7233 Delmar Bly'd.

19. (a) JUN 4 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June, day 3rd,
year 1947. hour 8: minute 25 P. M.

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

Immediate cause of death Arterio-sclerotic
Heart Disease
Cardio-Vascular-Renal Disease

Due to Arterio-sclerosis (generalized)

Due to Senility

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

Duration	PHYSICIAN
?	—
?	Underline the cause to 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?.....

While at work?..... (Specify type of place) Means of injury.....

23. Signature Victor F. Koppay (M. D. or other) M.D.
Address 5705 Chippewa St. Date signed 6/4/47

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

MOTHER FATHER

Dr. McJ. K Koepfer
5203
FL - 4910
Chippewa

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 Raymond L. Morris
Licensed Embalmer No. 4330
P. O. Address Maplewood, N

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.