V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

39920

State File No.

FILED DEC 6 1947 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10982

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

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 ST. LOUIS MATERNITY 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 0 00

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

(d) Street No. 2721 GAMBLE 9
(If rural, give location)

21 0

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

If yes, name country

3. (a) PRINT FULL NAME INFANT FEMALE MCDONALD

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE 3

5. Color or race NEGRO

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased OCTOBER (Month) 23 (Day) 47 (Year)

8. AGE: Years | Months | Days | If less than one day hr. 15 min.

9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country) 0

10. Usual occupation

11. Industry or business

FATHER
12. Name FRED MCDONALD
13. Birthplace MACON (City, town, or county) MISSISSIPPI (State or foreign country)

MOTHER
14. Maiden name MINESTEEN MONROE
15. Birthplace MOOREHEAD, (City, town, or county) MISSISSIPPI (State or foreign country)

16. (a) Informant ST. LOUIS MATERNITY HOSPITAL
(b) Address 630 SO. KINGSHIGHWAY

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof DEC 1 - 1947 (Month)-(Day) (Year)
(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director W. Richter
(b) Address 3500 Rutger

19. (a) DEC 1 - 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCTOBER day 23
year 47 hour 9 minute A M.

21. I hereby certify that I attended the deceased from October 23, 1947 to October 23, 1947; that I last saw her alive on October 23, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death central placenta previa prematurity

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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) 0

While at work? (e) Means of injury

23. Signature C. R. Lulick (M. D. or other) MD

Address 630 S. Kingshighway Date signed 11/5/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.