

FILED FEB 20 1948

Registration District No. **318** Primary Registration District No. **1003**

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:  
De Paul 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)

3. (a) PRINT FULL NAME Robert Loin MacDonald

3. (b) If veteran, name war No 3. (c) Social Security No. ?

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

6. (b) Name of husband or wife Ruth Horning 4/20/45 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased September 4 1880  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>67</u> | <u>5</u> | <u>5</u> | hr. <u>40</u> min.   |

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation former sales manager

11. Industry or business W. P. Boston Co., St. Louis

MOTHER FATHER

12. Name Robert Loin MacDonald

13. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Anna Gordon

15. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. R. L. MacDonald

(b) Address 8749 Riverview Drive, St. Louis

17. (c) burial (b) Date thereof 2/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefonatine Cemetery

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Rd, St. Louis 17, Mo.

19. (a) Feb 9 1948 (b) J. F. Brueck  
(Date received local registrar) (Registrar's signature)

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. 8749 Riverview Drive  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 9  
year 1948 hour 12: minute 40 A. M.

21. I hereby certify that I attended the deceased from  
19 February 9 to 19 February 9  
that I last saw h. im alive on February 8  
and that death occurred on the date and hour stated above.

Immediate cause of death Cryptone Heart Failure  
Coronary Heart Disease  
Due to.....  
Due to.....

Other conditions (Include pregnancy within 3 months of death) 9/4

Major findings:  
Of operations.....  
Of autopsy.....

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?  
.....

23. Signature J. F. Brueck (M. D. of State) J. F. Brueck  
Address Humboldt Bldg. Date signed 2/9/48

Duration

3 mos.

PHYSICIAN

"Underline the cause to which death should be charged statistically."

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

923 10

**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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.**