

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

1. PLACE OF DEATH:  
(a) County ST LOUIS  
(b) City or town ST LOUIS  
(c) Name of hospital or institution: DEACONESSES HOSPITAL  
(d) Length of stay: In-hospital or institution 11 DAYS  
In this community 36 YRS

2. USUAL RESIDENCE OF DECEASED:  
(a) State MISSOURI (b) County ST LOUIS  
(c) City or town WEBSTER GROVES  
(d) Street No. 223 W PACIFIC AVE.  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: ANGUS MAC DOUGALL

3. (b) If veteran, name war: No  
3. (c) Social Security No. 490-03-3018

4. Sex: MALE  
5. Color or race: WHITE  
6. (a) Single, widowed, married, divorced: SINGLE

6. (b) Name of husband or wife: \_\_\_\_\_  
6. (c) Age of husband or wife if alive: \_\_\_\_\_ years  
7. Birth date of deceased: OCTOBER 17-1879

8. AGE: Years 68, Months 5, Days 2

9. Birthplace: NOVA SCOTIA CANADA

10. Usual occupation: CONSTRUCTION FOREMAN

11. Industry or business: OZARK CENTRAL TEL CO

12. Name: UNKNOWN MAC DOUGALL

13. Birthplace: NOVA SCOTIA CANADA

14. Maiden name: MARGARET McDONALD

15. Birthplace: NOVA SCOTIA CANADA

16. (a) Informant: Mrs H J Medden  
(b) Address: 223 W PACIFIC AVE W.G.

17. (a) BURIAL (b) Date thereof: MAR 22 1948  
(c) Place: burial or cremation: OAK HILL CEM.

18. (a) Signature of funeral director: Parker and Co  
(b) Address: WEBSTER GROVES, Mo.

19. (a) Date received local registrar: MAR 21 1948  
(b) Registrar's signature: J. J. Bradeck

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 19  
year 1948 hour nine minute thirty AM

21. I hereby certify that I attended the deceased from 9-19-48 to 3-19-48  
that I last saw him alive on 3-17-48  
and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis  
Due to: Cardio-Vascular Disease  
Other conditions: \_\_\_\_\_  
Major findings: \_\_\_\_\_  
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? \_\_\_\_\_  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_  
(Specify type of place) \_\_\_\_\_  
(e) Means of injury: \_\_\_\_\_  
23. Signature: Anthony W Westral  
Address: Webster Groves, Mo.  
Date signed: 3-20-48

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

6-6-61 2 TAC

**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 Leslie Welch  
Licensed Embalmer No. 4395  
P. O. Address Wester Groves Md

**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.**