

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31972

FILED SEP 20 1949

State File No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7903	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 3960 West Belle Place				d. STREET ADDRESS (If rural, give location) 3960 West Belle Place			
3. NAME OF DECEASED (Type or Print) a. (First) Major		b. (Middle) _____		c. (Last) McDonald		4. DATE OF DEATH (Month) (Day) (Year) 9/7/49	
5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower		8. DATE OF BIRTH 7/4/72	
9. AGE (In years last birthday) 77		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister (retired)		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Louisville, Mississippi	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Major McDonald Sr.		13b. MOTHER'S MAIDEN NAME Tamsey Unknown		14. NAME OF HUSBAND OR WIFE Lula McDonald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Otis McDonald, 3960 W. Belle Place			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis Acute ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio Sclerosis Ch. DUE TO (c) Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 6 mos.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) 102			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? fall			
22. I hereby certify that I attended the deceased from May 28, 1949 , to Sept 6, 1949 that I last saw the deceased alive on Sept 6, 1949 and that death occurred at 8 P m., from the causes and on the date stated above.							
23a. SIGNATURE Wm. Evans Rubenstein M.D. (Degree or title)				23b. ADDRESS 4114a Easton Avenue		23c. DATE SIGNED _____	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9/13/49		24c. NAME OF CEMETERY OR CREMATORY Washington Park Cemetery, St. Louis, Missouri		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. SEP 12 1949		REGISTRAR'S SIGNATURE J.B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE Gates Funeral Home, 4107 Finney Av ADDRESS _____			

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

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.....

.....
working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.