

FILED OCT 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35816

State File No.

BIRTH NO.

REG. DIST. NO.

PRIMARY REG. DIST. NO.

Registrar's No.

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis		
b. CITY (If outside corporate limits, write RURAL and give township) University City		c. LENGTH OF STAY (In this place) 1	c. CITY (If outside corporate limits, write RURAL and give township) 3 University City		3
d. FULL NAME OF HOSPITAL OR INSTITUTION 440 Melville Ave.			d. STREET ADDRESS (If rural, give location) 440 Melville Ave.		
3. NAME OF DECEASED a. (First) Oscar Wayne b. (Middle) MacBride c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Oct. 10, 1949		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH Mar. 28, 1872	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 6 Days 12
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY R.R. Expressman	11. BIRTHPLACE (State or foreign country) Wisconsin		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Robert MacBride		13b. MOTHER'S MAIDEN NAME Adelaide Gales	14. NAME OF HUSBAND OR WIFE Mrs. Katherine MacBride		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 704-10-8752	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bette Godwin, 440 Melville Ave.		
18. NO 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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chocess of Lung</i>			INTERVAL BETWEEN ONSET AND DEATH 14 day		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Bronchitis</i>			7 yrs.		
DUE TO (c)			526 X		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Arteriosclerotic Heart Disease</i>			8 yrs.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		526 X
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 10-10-1949, to 10-10-1949, that I last saw the deceased alive on 10-10-1949, and that death occurred at 9 p.m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>James T. Cook M.D.</i>			23b. ADDRESS 5536 Robin Run St. Louis, Mo.		23c. DATE SIGNED 10-11-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Oct. 12, 1949	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		
DATE REC'D BY LOCAL REG. OCT 11 1949		REGISTRAR'S SIGNATURE <i>Herbert R. Domb</i>	FUNERAL DIRECTOR'S SIGNATURE <i>Arthur J. Donnelly</i>		ADDRESS 3840 Lindell Blvd.

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 2825

P. O. Address 7340 Lafayette

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.