

FILED JAN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10956

10956

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|---|---|--|---|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>318</u> | | PRIMARY REG. DIST. NO. <u>1003</u> | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>no</u> | | | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>25 1422 Offallon</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1422 Offallon</u> | | | | d. STREET ADDRESS (If rural, give location) <u>25 1422 Offallon</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Willie</u> b. (Middle) _____ c. (Last) <u>Donaldson</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>12-18-49</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>April 27, 1893</u> | 9. AGE (In years last birthday) <u>56</u> | IF UNDER 1 YEAR Months <u>7</u> Days <u>21</u> | IF UNDER 24 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Street Clean Society</u> | | 11. BIRTHPLACE (State or foreign country) <u>Mississippi</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Price Donaldson</u> | | 13b. MOTHER'S MAIDEN NAME <u>Rosie Thomas</u> | | 14. NAME OF HUSBAND OR WIFE <u>Ida Donaldson</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ida Donaldson 1422 Offallon</u> | | | |
| 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, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive heart disease</u> DUE TO (c): _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Oct 22, 1949 to date of death</u> <u>Unknown</u> | |
| 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) <u>St. Louis</u> (STATE) <u>MO</u> | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>331 X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Nov. 11</u> , 1947, to <u>Dec. 18</u> , 1949, that I last saw the deceased alive on <u>Dec. 16</u> , 1949, and that death occurred at <u>10:00</u> a. m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>L. J. Brooks M.D.</u> | | | 23b. ADDRESS <u>2746 a Franklin Ave.</u> | | | 23c. DATE SIGNED <u>12/20/49</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>12-22-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | | |
| DATE REC'D BY LOCAL REGISTRY <u>DEC 21 1949</u> | | REGISTRAR'S SIGNATURE <u>J. B. Asarter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkins Bros. 3644 Finney</u> | | | |

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

Louis V. [Signature]

Licensed Embalmer No. 2842

P. O. Address. 3644 Finney

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.