

FILED MAY 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

184119

State File No.

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002 Registrar's No. 12337

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo. b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Mo. c. LENGTH OF STAY (in this place) _____
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2079

d. FULL NAME OF HOSPITAL OR INSTITUTION 4703 San Francisco Ave. d. STREET ADDRESS (If rural, give location) 4703 San Francisco Ave.

3. NAME OF DECEASED a. (First) Harry b. (Middle) Lee c. (Last) McDonald 4. DATE OF DEATH (Month) (Day) (Year) May 14 1950

5. SEX Male (M) 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Jan 12, 1879 9. AGE (In years last birthday) 71 Months _____ Days _____ Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lithographer 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (State or foreign country) St. Louis Mo. 12. CITIZEN OF WHAT COUNTRY? 0

13a. FATHER'S NAME John McDonald 13b. MOTHER'S MAIDEN NAME Mary Sullivan 14. NAME OF HUSBAND OR WIFE Freida McDonald

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Spanish American 16. SOCIAL SECURITY NO. 192 07 T6T8 17. INFORMANT'S SIGNATURE OR NAME Freida McDonald ADDRESS 1703 San Francisco Ave.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES _____ DUE TO (b) Chronic Myocarditis _____ DUE TO (c) Chronic Interstitial _____
II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death. Nephritis

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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) 592X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 330 P. m., from the causes and on the date stated above.

23a. SIGNATURE Patrick E. Taylor Coronar (degree or title) 23b. ADDRESS 1300 Clark 23c. DATE SIGNED 5/15/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE May 19, 1950 24c. NAME OF CEMETERY OR CREMATORY National Cemetery 24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo.

DATE REC'D BY LOCAL REG. MAY 15 1950 REGISTRAR'S SIGNATURE _____ 25. FUNERAL DIRECTOR'S SIGNATURE Street & Conall 460 Nat'l Bridge 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.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 4366

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.