

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1951

42548  
State File No. 16792  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>	
1. PLACE OF DEATH a. COUNTY <b>0</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>2119</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Mo</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Homer G Phillips Hospital</b>
3. NAME OF DECEASED (Type or Print) a. (First) <b>George</b> b. (Middle) _____ c. (Last) <b>McDonald</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 15 1950</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widow</b>	8. DATE OF BIRTH <b>unknown</b>	9. AGE (In years past birthday) <b>80</b>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>nil</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Tennessee</b>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Will McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>unk</b>		14. NAME OF HUSBAND OR WIFE <b>unk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arteriosclerosis, Generalized</b>			INTERVAL BETWEEN ONSET AND DEATH <b>Undet.</b>		
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.			ANTECEDENT CAUSES		
DUE TO (b) <b>Arteriosclerotic Heart Disease</b>			DUE TO (c) <b>Congestive Failure</b>		
DUE TO (c) <b>Congestive Failure</b>			II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death. <b>None</b>					
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H210</b>			
22. I hereby certify that I attended the deceased from <b>12-8</b> , 19 <b>50</b> , to <b>12-15</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>12-15</b> , 19 <b>50</b> , and that death occurred at <b>6:43 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>Loren W. Harris M. D. U</b>			23b. ADDRESS <b>2601 N Whittier St</b>		23c. DATE SIGNED <b>12-18-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>12-19-50</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Greenwood Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>		
DATE REC'D BY LOCAL REG. <b>DEC 18 1950</b>	REGISTRAR'S SIGNATURE <b>J. B. Lavater</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Attkins Brod. 3644 Finney Ave</b>		

1991 1 .

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.....

X.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*Louis V. Atkin*

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 complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.