

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 23 1951

State File No. 17990
3773
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		State File No. 17990 3773		Registrar's No. _____	
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 township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 Dys		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Berkeley City		4091			
d. FULL NAME OF HOSPITAL OR INSTITUTION Incorporate Word Hospital				d. STREET ADDRESS (If rural, give location) 6230 Tyndale Dr.					
3. NAME OF DECEASED (Type or Print) a. (First) Richard		b. (Middle) F.		c. (Last) Donaldson		4. DATE OF DEATH (Month) (Day) (Year) Apr. 20 1951			
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH July 24, 1916		9. AGE (In years last birthday) 34	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrical Engineer			10b. KIND OF BUSINESS OR INDUSTRY U. S. Engineers		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U S A		
13a. FATHER'S NAME David L. Donaldson			13b. MOTHER'S MAIDEN NAME Rose Etta Hendrickson		14. NAME OF HUSBAND OR WIFE Virginia B. Donaldson				
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. No		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia B. Donaldson, 6230 Tyndal Dr.					
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) Acute Glomerular Nephritis, with						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 57					
22. I hereby certify that I attended the deceased from 4-18 , 19 51 , to 4-20 , 19 51 , that I last saw the deceased alive on 4-20 , 19 51 , and that death occurred at 9:20 P m. , from the causes and on the date stated above.									
23a. SIGNATURE B. J. McGrinn				(Degree or title)		23b. ADDRESS 16 Hampton Kings Road		23c. DATE SIGNED 4-21-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Laurell Hill Memorial Gardens		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. APR 23 1951		REGISTRAR'S SIGNATURE J. B. Sauter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St.					

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

Dr. Byron McGinnis
16 Hampton Village Plaza

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 *Harry J. Schumacher* _____

Licensed Embalmer No. *2679* _____

P. O. Address *7814 T. Broadway* _____

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.