

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39365

State File No. _____

FILED DEC 8 - 1951

BIRTH NO. 72416-51 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10617

1. PLACE OF DEATH

a. COUNTY St. Louis

b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN ST. LOUIS

c. LENGTH OF STAY (in this place) _____

d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CHILDRENS HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE MISSOURI b. COUNTY Jefferson

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FESTUS 0500

d. STREET ADDRESS (If rural, give location) B.R.#2

3. NAME OF DECEASED

a. (First) STEVEN b. (Middle) FLOYD c. (Last) McDONALD

4. DATE OF DEATH (Month) (Day) (Year) 11 28 51

5. SEX MALE 6. COLOR OR RACE WHITE 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH 10-23-51 9. AGE (In years last birthday) 1 5 5 5 5 5

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) ST. LOUIS MO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MARVIN McDONALD 13b. MOTHER'S MAIDEN NAME LILA LEE SIMMS 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) _____

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME P.B. Harrison ADDRESS 600 S. Kingshighway

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hemorrhage

ANTECEDENT CAUSES ? Neurophilia

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Subdural hematoma

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Subdural hematoma

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 min.
life
?

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) _____

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? 7710

22. I hereby certify that I attended the deceased from 11-27, 1951, to 11-28, 1951, that I last saw the deceased alive on 11-28, 1951, and that death occurred at 9:45 Am., from the causes and on the date stated above.

23a. SIGNATURE Paul Smith M.D. (Degree or title) 23b. ADDRESS _____ 23c. DATE SIGNED _____

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE 11-28-51 24c. NAME OF CEMETERY OR CREMATORY _____ 24d. LOCATION (City, town, or county) (State) Festus, Mo.

DATE REC'D BY LOCAL REG. NOV 29 1951 REGISTRAR'S SIGNATURE Paul Smith M.D. 25. FUNERAL DIRECTOR'S SIGNATURE Vinyard Funeral Home ADDRESS Festus, Mo.

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 Me

working under my personal supervision.

Student Embalmer No.

Signed G. W. Wilkinson

Signed.....
Student Embalmer

Licensed Embalmer No. 3575

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.