

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39380

FILED DEC 1 1951

State File No.

REG. DIST. NO. **318**

1003

Registrar's No. **10401**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. - DIST. NO. _____		Registrar's No. 10401	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) _____		3. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2039	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6659 Winnebago St.				d. STREET ADDRESS (If rural, give location) 6659 Winnebago St.,			
3. NAME OF DECEASED (Type or Print) a. (First) Ada		b. (Middle) Ellen		c. (Last) MacDonald		4. DATE OF DEATH (Month) (Day) (Year) Nov. 22 1951	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Jan. 2, 1856		9. AGE (In years last birthday) 95 If under 1 year: Months _____ Days _____ If under 24 hrs: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY School Teacher		11. BIRTHPLACE (State or foreign country) Lebanon, Ill		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME Mathan MacDonald			13b. MOTHER'S MAIDEN NAME Louisa Horner			14. NAME OF HUSBAND OR WIFE _____	
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 Edward Hamlin, 6659 Winnebago St.,			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Broncho ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure DUE TO (c) Arteriosclerosis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile changes general				INTERVAL BETWEEN ONSET AND DEATH 3 days 12 days years	
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) _____		21f. HOW DID INJURY OCCUR? 4500	
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"/>		22. I hereby certify that I attended the deceased from January, 1951 , to Nov. 22, 1951 , that I last saw the deceased alive on Nov. 22, 1951 , and that death occurred at 10:30 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE Charles M. Duden		(Degree or title) M.D.		23b. ADDRESS 3720 Washington		23c. DATE SIGNED 11-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE Nov. 23, 1951		24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
DATE REC'D BY LOCAL REG. NOV 23 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. Hoffmeister Colonial Mortuary 6464 Chippewa St., St. Louis, Mo.			

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

Dr. Duden

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 S. 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.