

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10281

State File No.

FILED MAR 24 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1970**

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

| | | | |
|--|---|--|--|
| 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 St. Louis, Missouri | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | |
| c. LENGTH OF STAY (In this place) 1 week | | d. STREET ADDRESS (If rural, give location) 6313 Ouida Ave. | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital #1 | | 9 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) ROSS | b. (Middle) | c. (Last) MCDONOUGH | 4. DATE OF DEATH (Month) (Day) (Year) FEB. 27, 1952 |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | 8. DATE OF BIRTH Oct. 6, 1887 |
| 9. AGE (In years last birthday) 64 | # UNDER 1 YEAR Months | # UNDER 1 YEAR Days | # UNDER 1 HR. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Public Service Co. | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Ellis Grove, Illinois. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME George McDonough | 13b. MOTHER'S MAIDEN NAME Caroline Hermes | 14. NAME OF HUSBAND OR WIFE Anna McDonough | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna McDonough 6313 Ouida 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Senile emphysema | | INTERVAL BETWEEN ONSET AND DEATH 20 hours |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? H43X | |
| 22. I hereby certify that I attended the deceased from 2-18-52 , 19___, to 2-27-52 , 19___, that I last saw the deceased alive on 2-27-52 , 19___, and that death occurred at 8:05A m. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) A. M. M. M.D. | 23b. ADDRESS 1515 Lafayette Avenue | 23c. DATE SIGNED 2-27-52 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-1-52. | 24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis, Missouri. |
| DATE REC'D BY LOCAL REG. FEB 29 1952 | REGISTRAR'S SIGNATURE Carl Smith M.D. | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Math Hermann & Son, Inc. 2161 E. Fair Ave. | |

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 Homer H. Juity

Licensed Embalmer No. 3883

P. O. Address St. Louis

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.