

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36625

State File No.

FILED NOV 13 1952

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **9904**

1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St. Louis, Mo.</u> 2269	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>2218 N 11th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2218 N 11th St.</u>		26 <u>2218 N 11th St.</u>	

3. NAME OF DECEASED (Type or Print) <u>Anna McDonald.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 25, 1952.</u>		
a. (First)		b. (Middle)		c. (Last)	

5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sep't. 2, 1885.</u>		9. AGE (In years last birthday) <u>67</u> IF UNDER 1 YEAR Months Days IF UNDER 12 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Clinton Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
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13a. FATHER'S NAME <u>John Speinhour</u>		13b. MOTHER'S MAIDEN NAME <u>Susie McCumber</u>		14. NAME OF HUSBAND OR WIFE <u>Edward McDonald</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edward McDonald, 2218 N 11th St.</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial damage. Angina pectoris.</u>		(a) <u>Chronic nephritis.</u>				<u>20 or more years.</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) <u>Chronic nephritis.</u>					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Cystitis.</u>					

19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>----</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>---</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>	
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22. I hereby certify that I attended the deceased from twenty or more years, 19____, to _____, 19____, that I last saw the deceased alive on October 6, 1952, and that death occurred at 10:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>H. C. Buttle</u> (Degree or title) _____		23b. ADDRESS <u>2407a N. Broadway</u>		23c. DATE SIGNED <u>10/28/52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct. 29, 1952.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
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DATE RECD BY LOCAL REGS <u>OCT 28 1952</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>		FUNDAL DIRECTOR'S SIGNATURE <u>J. J. Quinn</u> ADDRESS <u>1389 Union Blvd</u>	
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(Licensed Embalmer's Signature on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Ronald Yahnke*

Licensed Embalmer No. *3917*

P. O. Address _____

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.