

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4115

State File No.

FILED JAN 30 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>544</u>		Registrar's No. <u>2206</u>			
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>ST LOUIS</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>ST LOUIS</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KIRKWOOD</u>		<u>4673</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>O ZARK NURSING HOME</u>				d. STREET ADDRESS (If rural, give location) <u>810 N HARRISON</u>					
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH						
a. (First) <u>TILLIE</u>	b. (Middle) <u>HELEN</u>		c. (Last) <u>McDONALD</u>			(Month) <u>JAN</u>	(Day) <u>16</u>	(Year) <u>1953</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC. 5-1873</u>		9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>VISITOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CHURCH WORK</u>		11. BIRTHPLACE (State or foreign country) <u>ALHAMBRA - ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>WM. JACEMAN</u>			13b. MOTHER'S MAIDEN NAME <u>BARBARA KNAPP</u>		14. NAME OF HUSBAND OR WIFE <u>WM. C. Mc DONALD</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Leta J. McDonald</u>		ADDRESS <u>810 N HARRISON KIRKWOOD - MO.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>2 weeks</u>	
				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Virus Pharyngitis</u>					
				ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				As forid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.					
				DUE TO (b) <u>unknown</u>					
				DUE TO (c) <u>unknown</u>					
				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 <u>492X</u>						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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10th</u> , 19 <u>52</u> , to <u>16 Jan</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>16 Jan</u> , 19 <u>53</u> , and that death occurred at <u>11:10 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>L. B. Barmett, M.D.</u>				23b. ADDRESS <u>10644 B Manchester Kirkwood, MO.</u>		23c. DATE SIGNED <u>1-18-53</u>			
24a. BUREAU OF HEALTH RECORDS, REMOVAL (Specify)		24b. DATE <u>1-20-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SALEM</u>		24d. LOCATION (City, town, or county) (State) <u>ALHAMBRA - ILLINOIS</u>			
DATE REC'D BY LOCAL REG. <u>1-20-53</u>		REGISTRAR'S SIGNATURE <u>Harbert R. Danbolt</u>		FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Funeral Home</u>		ADDRESS <u>2201 Lafayette</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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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 James R. Chapman

Licensed Embalmer No. 4550

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.