

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11933

State File No. ....

2596

FILED MAR 24 1953

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

BIRTH NO. ....		REG. DIST. NO. ....		PRIMARY REG. DIST. NO. ....		Registrar's No. ....	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. LENGTH OF STAY (in this place) <b>6 yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2129</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>5355 PERSHING AVE</b>				d. STREET ADDRESS (If rural, give location) <b>5355 Pershing Ave;</b>			
3. NAME OF DECEASED (Type or Print) <b>DON</b>		a. (First) <b>Alexander McDonald.</b>		b. (Middle)		c. (Last)	
4. DATE OF DEATH <b>Mar. 7, 1953</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	
8. DATE OF BIRTH <b>Dec. 14, 1886</b>		9. AGE (In years last birthday) <b>66</b>		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) <b>sales manager</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Egry Register Co</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Muscoda, Wisconsin</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Collins Fremont McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Dora Correll</b>		14. NAME OF HUSBAND OR WIFE <b>Sally Virginia McDonald</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes WW #1</b>		16. SOCIAL SECURITY NO. <b>279-05-1643</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Sally V. McDonald-5355 Pershing</b>			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arterio Sclerotic Coronary Arteriosclerosis</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>	
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)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>4201</b>			
22. I hereby certify that I attended the deceased from <b>11-6-</b> 19 <b>36</b> , to <b>3-7-</b> 19 <b>53</b> , that I last saw the deceased alive on <b>3-7-</b> 19 <b>53</b> , and that death occurred at <b>9 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Carl R. Lupton</b>				23b. ADDRESS <b>18 S. Kingshighway</b>		23c. DATE SIGNED <b>3-7-53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>3-10-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bellefontaine Cemetery St. Louis, Missouri</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>MAR 9 1953</b>		REGISTRAR'S SIGNATURE <b>Carl R. Lupton</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C.R. Lupton &amp; Sons; 7233 Delmar Blvd</b>			

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

*Clarence A. Murray*

Licensed Embalmer No. *4011*

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.