

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15962**

FILED MAY 14 1953 REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4041**

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 OR TOWN St. Louis)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
c. LENGTH OF STAY (in this place)		2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1172a Hodiament Ave.		d. STREET ADDRESS (If rural, give location) 1172a Hodiament Ave.	
3. NAME OF DECEASED a. (First) Alta (Type or Print)		b. (Middle) B c. (Last) McDonald	
4. DATE OF DEATH (Month) (Day) (Year) 4/17/53		5. SEX Female	
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 12/10/1898		9. AGE (In years last birthday) 54 OF UNDER 1 YEAR Months Days OF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (City and State or Foreign Country) Reynolds, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME George Kyle		13b. MOTHER'S MAIDEN NAME Nellie Croney	
14. NAME OF HUSBAND OR WIFE Lawrence McDonald		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 490 01 5558		17. INFORMANT'S SIGNATURE OR NAME ADDRESS L.H. McDonald 1172a Hodiament 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Abdominal Carcinomas		INTERVAL BETWEEN ONSET AND DEATH 9 mo.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) PRIMARY CARCINOMA OVARIES		DUE TO (c) Liver failure		3 weeks
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic Pneumonia.				

19a. DATE OF OPERATION 7-30-52		19b. MAJOR FINDINGS OF OPERATION Metastatic Carcinoma - abdominal		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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR 175x

22. I hereby certify that I attended the deceased from **7-16**, 1952, to **4-17**, 1953, that I last saw the deceased alive on **4-11**, 1953, and that death occurred at **12:10 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Earl Smith M.D. (Degree or title)		23b. ADDRESS 6401 W. F. / Orissant		23c. DATE SIGNED 4-18-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/20/53		24c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
24d. LOCATION (City, town, or county) (State) St. Louis, Co. Missouri				

DATE REC'D BY LOCAL REG. APR 18 1953		REGISTRAR'S SIGNATURE J. Earl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiament Ave.	
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Dr. John Olsen
6401 West Florissant
Mu. 9136

CO-3950

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 Alfred J. Boedeker

Licensed Embalmer No. 2663

P. O. Address 11257 Hodiament

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.