

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23009**
Registrar's No. **5690**

FILED JUN 20 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo		b. COUNTY 2179			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Missouri)		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		e. STREET ADDRESS (If rural, give location) 17 3932 CLEVELAND AVE					
3. NAME OF DECEASED (Type or Print) a. (First) BERNARD		b. (Middle) LEO		c. (Last) MCDONOUGH			
4. DATE OF DEATH (Month) (Day) (Year) JUNE 8, 1953		5. SEX MALE		6. COLOR OR RACE WHITE			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB 1, 1875		9. AGE (In years last birthday) 78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MAINTENANCE MAN		10b. KIND OF BUSINESS OR INDUSTRY OKEN BARBER SUPPLY		11. BIRTHPLACE (City and State or Foreign Country) PHILADELPHIA PENNA			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME UNKNOWN MCDONOUGH		13b. MOTHER'S MAIDEN NAME UNKNOWN			
14. NAME OF HUSBAND OR WIFE MINNIE MCDONOUGH		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487-22-7050A			
17. INFORMANT'S SIGNATURE OR NAME MRS MINNIE MCDONOUGH		ADDRESS 3932 CLEVELAND					
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) CHRONIC BRAIN SYNDROME ASSOC. SENILE BRAIN DISEASE ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (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	
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) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 3082			
22. I hereby certify that I attended the deceased from 5-26-53 , 19___, to 6-8-53 , 19___, that I last saw the deceased alive on 6-8-53 , 19___, and that death occurred at 2:40A m., from the causes and on the date stated above.							
23a. SIGNATURE E. H. Schmidt		(Degree or title) M.D.		23b. ADDRESS 1515 Lafayette Avenue			
23c. DATE SIGNED 6-8-53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 6/10/53			
24c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEM.		24d. LOCATION (City, town, or county) (State) ST LOUIS COUNTY, MO					
DATE REC'D BY LOCAL REG. JUN 8 1953		REGISTRAR'S SIGNATURE E. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE Robert H + U Co.			
				ADDRESS 1905 So. GRAND BLVD			

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.....
Signature of Student Embalmer

Signed..... *Ben E Hoffman*
Licensed Embalmer No. *436*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.