

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33650

State File No.

8682

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri		c. CITY OR TOWN St. Louis		c. LENGTH OF STAY (In this place) 3-days	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis City Hospital		STREET ADDRESS 1315 N.7th., Street		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) ANN		b. (Middle)		c. (Last) MCDONALD		4. DATE OF DEATH (Month) (Day) (Year) SEPTEMBER 5, 1953	
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5. SEX F.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH Feb. 5, 1880		9. AGE (In years last birthday) 73		IF UNDER 1 YEAR Months 7 Days 0		IF UNDER 24 HRS. Hours 0 Min. 0	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
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13a. FATHER'S NAME John L. Cushion		13b. MOTHER'S MAIDEN NAME Elizabeth Baines		14. NAME OF HUSBAND OR WIFE Mr. James B. McDonald	
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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. not known		17. INFORMANT'S SIGNATURE OR NAME Miss Agnes Cushion, 1315 N.7th., St.		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 20) Heat exhaustion		DUPLICATE TO (b) 21) Arteriosclerotic heart disease with aortic stenosis					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE TO (c) 22) Generalized arteriosclerosis					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		23) Diabetes mellitus					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 St. Louis, Mo. 9/8/53	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? E 931.7	

22. I hereby certify that I attended the deceased from **9-2-53**, 19___, to **9-5-53**, 19___, that I last saw the deceased alive on **9-5-53**, 19___, and that death occurred at **1:35a** m., from the causes and on the date stated above. **46**

23. SIGNATURE Master H. Cushion		(Degree or title)		23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 9-5-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept. 8, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
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DATE REC'D BY LOCAL REG. SEP 8 1953		REGISTRAR'S SIGNATURE J. Carl Smith		FUNERAL DIRECTOR'S SIGNATURE J. Donnelly		ADDRESS 840 Lindell Blvd.	
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(Licensed Embalmer's Statement 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.....
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *356*

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.