No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6518

BIRTH NO. FILED MAR 8 1954 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 1641

0

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. LOUIS
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. LUKE HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: INDIANA
b. COUNTY: GIBSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PRINCETON 8130 8
d. STREET ADDRESS (If rural, give location): McKAW SUMMIT

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): HORACE
c. (Last): McDONALD

4. DATE OF DEATH (Month) (Day) (Year): FEB. 18, 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, ~~NEVER MARRIED, WIDOWED, DIVORCED~~ (Specify): MARRIED
8. DATE OF BIRTH: JULY 31, 1903
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months 6, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): COAL MINER
10b. KIND OF BUSINESS OR INDUSTRY: COAL MINING
11. BIRTHPLACE (State or foreign country): GIBSON COUNTY, INDIANA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: DANIEL McDONALD
13b. MOTHER'S MAIDEN NAME: IDA WILLIAMS
14. NAME OF HUSBAND OR WIFE: DELORES McDONALD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT'S SIGNATURE OR NAME: Dolores McDonald — ADDRESS: Princeton Indiana

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) Aneurysm, Saccular, Anterior Communicating artery — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Subarachnoid Hemorrhage Sec to 1 — 2 weeks
DUE TO (c) Broncho-pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2-17-54
19b. MAJOR FINDINGS OF OPERATION: Aneurysm Anterior Communicating artery
20. AUTOPSY? YES ☑ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 452X

22. *I hereby certify that I attended the deceased from* 2-10, 1954, *to* 2-18, 1954, *that I last saw the deceased alive on* 2-14, 1954, *and that death occurred at* 5:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George E. Rourhac MD
23b. ADDRESS: 3720 Washington Ave St Louis
23c. DATE SIGNED: 2-17-54

24a. ~~BURIAL, CREMATION~~, REMOVAL (Specify): REMOVAL
24b. DATE: 2-19-54
24c. NAME OF CEMETERY OR CREMATORY: —
24d. LOCATION (City, town, or county) (State): E. ST. LOUIS ILL.

DATE REC'D BY LOCAL REG.: FEB 19 1954
REGISTRAR'S SIGNATURE: J Carl Smith MD MJB
25. FUNERAL DIRECTOR'S SIGNATURE: John J. Kassly — ADDRESS: E St Louis Ill.

(Licensed Embalmer's Statement on Reverse Side)

Not Embalmed

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 John J. Rasely

Licensed Embalmer No. 1855

P. O. Address E St Louis, Ill

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.