

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32691

State File No. _____
Registrar's No. 2040

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500

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

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Normandy - Belnor</u>		c. CITY OR TOWN <u>Normandy, Belnor</u>	
c. LENGTH OF STAY (In this place) <u>1 yr.</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>8128 Audrain Dr.</u>		e. STREET ADDRESS (If rural, give location) <u>8128 Audrain Dr.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Everett</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Mc Donald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 24, 1954</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>March 6, 1894.</u>		9. AGE (In years last birthday) <u>60</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lumber</u>				11. BIRTHPLACE (City and State or Foreign Country) <u>Enon, Missouri</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William McDonald</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth Morrow</u>			14. NAME OF HUSBAND OR WIFE <u>Helen McDonald</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		(If yes, give year or dates of service) <u>World War #1.</u>		16. SOCIAL SECURITY NO. <u>492-07-2340</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen McDonald, 8128 Audrain Dr.</u>		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, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>						INTERVAL BETWEEN ONSET AND DEATH <u>unk</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. : DUE TO (b) <u>Arteriosclerosis (General)</u>						<u>unk</u>	
		DUE TO (c) <u>Cerebral Hemorrhage</u>						<u>139-1950</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypertension</u>						<u>unk</u>	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR _____	

22. I hereby certify that I attended the deceased from 5/19, 1953 Aug 24, 1954, that I last saw the deceased alive on 8/10, 1954, and that death occurred at 4:45A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert S. Warner M.D.</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>1115 Paul Brown Bldg. St. Louis Mo.</u>		23c. DATE SIGNED <u>Aug 24 54</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/26/54.</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Peters Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Mo.</u>	
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DATE REC'D BY LOCAL REP. <u>8/24/54</u>		REGISTRAR'S SIGNATURE <u>Hester R. Tompkins</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Foutz, 4828 Natural Bridge Blvd.</u>		ADDRESS	
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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..... *Ralph C. Linders*

Licensed Embalmer No. *427*

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.