No. 300
10.48

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

FILED SEP 13 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 27933
Local No. 7126

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

**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. Lukes Hosp.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN: Bel Nor H18
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 8430 Glen Echo Dr.

**3. NAME OF DECEASED** (Type or Print): a. (First) Calla b. (Middle) K. c. (Last) McDonald

**4. DATE OF DEATH** (Month) Aug. (Day) 13 (Year) 55

**5. SEX**: Male

**6. COLOR OR RACE**: White

**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married

**8. DATE OF BIRTH**: Oct 18, 1891

**9. AGE** (In years last birthday): 63 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Train Dispatcher

**10b. KIND OF BUSINESS OR INDUSTRY**: T.R.R.A.

**11. BIRTHPLACE** (City and State or Foreign Country): ? Illinois

**12. CITIZEN OF WHAT COUNTRY?**

**13a. FATHER'S NAME**: Unk.

**13b. MOTHER'S MAIDEN NAME**: Unk.

**14. NAME OF HUSBAND OR WIFE**: Eva McDonald

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No
(If yes, give war or dates of service): NII

**16. SOCIAL SECURITY NO.**: None

**17. INFORMANT'S SIGNATURE OR NAME ADDRESS**: Eva McDonald 8430 Glen Echo Dr.

**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) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

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.*

**19a. DATE OF OPERATION**

**19b. MAJOR FINDINGS OF OPERATION** #201

**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?**

22. *I hereby certify that I attended the deceased from* 8-3, 1955, *to* 8-13, 1955, *that I last saw the deceased alive on* 8-13, 1955, *and that death occurred at* 8:45 a. m., *from the causes and on the date stated above.*

**23a. SIGNATURE** Louis Becke (Degree or title) M.D.

**23b. ADDRESS** 3720 Washington

**23c. DATE SIGNED** 8-15-55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal

**24b. DATE**: 8-13-55

**24c. NAME OF CEMETERY OR CREMATORY**

**24d. LOCATION** (City, town, or county) (State): Raymond Ill.

DATE REC'D BY LOCAL REG. AUG 15 1955

REGISTRAR'S SIGNATURE: J. Earl Smith — M.D. acm

**25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS**: A.H. Hoppe 4704 Washington Ave.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Elton R H Remelius

Licensed Embalmer No. 428

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.