

XC-1485 443
 Reg. #13443
 SL #8514

FILED JAN 26 1956

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

 State File No. 2845
 Registrar's No. 521

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
b. CITY (If outside corporate limits, write RURAL and give town or township)		c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		• STREET ADDRESS (If rural, give location)	
15 N. Grand, St. Louis, Mo.		222 1102 Dolman	
10 days			
d. FULL NAME OF HOSPITAL OR INSTITUTION			
VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
LINUS	M.	MC DONOUGH	
4. DATE OF DEATH	(Month)	(Day)	(Year)
January 14, 1956			
5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	Never Married	11/7/94
9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	
61	Months Days	Hours Mtn.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Salesman		St. Louis, Missouri	USA
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
Thomas Mc Donough	Bridget Mc Dermontroe	-----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
Yes	486-28-1707	VA Hosp. Records, St. Louis, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardio vascular Disease due to Hypertension of the lesser circulation.		Unknown
ANTECEDENT CAUSES	DUE TO (b) Pulmonary fibrosis and emphysema		Unknown
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (c) Chronic Bronchitis		Unknown
II. OTHER SIGNIFICANT CONDITIONS	Laennec's Cirrhosis and Arteriosclerotic Heart Disease		Unknown
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
			443X
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
VA			
22. I hereby certify that I attended the deceased from 1/4, 1956, to 1/14, 1956, and that death occurred at 11:45 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED	
<i>H. Luke</i> M.D.	VAH, St. Louis, Mo.	1/15/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	1-18-56	Calvary Cemetery	85 Louis Mo
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	
JAN 16 1956	<i>J. Carl Smith</i>	JOHN STYBAN and SON FUNERAL HOME 5541 Riverview	

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..... *J. W. Ruster*

Licensed Embalmer No. 3980

P. O. Address *St. Louis, Mo.*

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.