

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19096**BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1117

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 _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richmond Heights</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		d. STREET ADDRESS (If rural, give location) <u>6821 Plateau</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			d. STREET ADDRESS (If rural, give location) <u>6821 Plateau</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>Edgar</u> c. (Last) <u>McDonald</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 1st. 1956</u>		
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>Sept. 26th 1898</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Linotype Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Post-Dispatch</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>2</u> <u>Keyes, Manitoba, Canada</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Albert McDonald</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Hunter</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah McDonald</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sarah McDonald</u>	ADDRESS <u>Above</u>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Primary Carcinoma of Liver</u> 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. <u>metastasis to lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 mo</u>
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>155X</u> 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) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3:35</u> <u>1956</u> <u>3</u>	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 <u>4-24, 1956</u> to <u>5-1, 1956</u> that I last saw the deceased alive on <u>5-1, 1956</u> and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>G. W. Shroeder M.D.</u> (Degree or title)			23b. ADDRESS <u>3720 Washington</u>		23c. DATE SIGNED <u>5/1/56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5-2-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Weyauwega, Wisconsin</u>		
DATE REC'D BY LOCAL REG. <u>5-2-56</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Lombard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>JAY B. SMITH, Maplewood, Mo.</u>	ADDRESS _____	

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 _____

J. Allen Davis Jr.

Licensed Embalmer No. _____

4053

P. O. Address _____

St. L.

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

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