

FILED JUL 2 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **22251**  
Registrar's No. **1480**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541**

1. PLACE OF DEATH a. COUNTY <b>St. Louis,</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri.</b> b. COUNTY <b>St. Louis,</b>	
b. CITY OR TOWN <b>Clayton.</b>		c. CITY OR TOWN <b>Clayton.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>#8129 Kingsbury Blv'd.,</b>		e. STREET ADDRESS (If rural, give location) <b>#8129 Kingsbury Blv'd.</b>	
3. NAME OF DECEASED (Type or Print) <b>GABRIEL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>June 15, 1956.</b>	
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>		8. DATE OF BIRTH <b>Sept. 12, 1859</b>	
9. AGE (In years last birthday) <b>96</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Agent</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alexander McDonald</b>		13b. MOTHER'S MAIDEN NAME <b>Roseanna Koehler</b>	
14. NAME OF HUSBAND OR WIFE <b>Florence McDonald</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Rose East, 8129 Kingsbury Blv'd.</b>	
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* (a) <b>Infirmities of old age.</b>  ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>	
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <b>794X</b>	
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 _____		22. I hereby certify that I attended the deceased from <b>July, 1955</b> , to <b>June 15, 1956</b> , that I last saw the deceased alive on <b>June 13, 1956</b> , and that death occurred at <b>4:30 p.m.</b> , from the causes and on the date stated above.	
23a. SIGNATURE <b>D. N. Magness</b>		23b. ADDRESS <b>6651 Broughton Ave University City (5) Mo</b>	
23c. DATE SIGNED <b>16 June 1956</b>		24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	
24b. DATE <b>6-18-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. R. Lupton &amp; Sons-7233 Delmar Blv'd.,</b>	
DATE REC'D BY LOCAL REG. <b>6-18-56</b>		REGISTRAR'S SIGNATURE <b>Herbert A. Donahue, M.D.</b>	

4402

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

3:30 P.M.

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*

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.