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1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

35855

STATE FILE NUMBER

81721-57 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9055

1. PLACE OF DEATH
a. COUNTY City
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis 12, Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) St. Lukes Hospital Length of stay in 1b 18 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis Mo. Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 7236 Canterbury Dr. (If outside, give location) Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First (Baby) Middle McDonald Last
4. DATE OF DEATH Month Oct. Day 1, Year 1956
5. SEX F.
6. COLOR OR RACE W.
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 1, 1956
9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 18 Min. 50
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) St. Louis Mo.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME George William McDonald
14. MOTHER'S MAIDEN NAME Carolyn E. Peurifoy
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Address Mr. George Wm. McDonald 7236 Canterbury

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Atelectasis, Congenital — 18 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Immaturity
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 762.5

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 10-1-56, 2:00 pm to 10-1-56 9:00 pm and last saw her alive on 10-1-56
Death occurred at 9:00 pm. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [illegible] M.D.
22b. ADDRESS 8505 Delmar Blvd.
22c. DATE SIGNED 10-3-56

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal (crem)
23b. DATE Oct. 4, 1956
23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory
23d. LOCATION (City, town, or county) St. Louis County (State) Missouri

24. FUNERAL DIRECTOR Alexander & Sons, Inc. ADDRESS 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG. OCT 3 1956
26. REGISTRAR'S SIGNATURE Pearl Smith MD

(Licensed Embalmer's Statement on Reverse Side)

Dr. A. C. Trueblood
8505 Delmar Blvd.
Wy. 1 5800

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 24

P. O. Address

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