

Health, Welfare, Public Service
 300-1-56
 All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. No symptoms will be listed. All standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE CITY OF SAINT LOUIS, MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED FEB 6 1957

STATE FILE NUMBER 3245

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY St. Louis County 24.				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. b. COUNTY - St. Louis.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Richmond Heights. 0		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION #1096 McKnight Orchard Lane.			Length of stay in lb years	d. STREET ADDRESS #1096 McKnight Orchard Lane.			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last CHARLES LEE MC DONALD JR.				4. DATE OF DEATH Month Day Year Jan. 9, 1957			
5. SEX Male.	6. COLOR OR RACE White.	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH May 2, 1895.		9. AGE (In years last birthday) 61.	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Partner - McDonald Machinery Co.,			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Vandalia, Illinois.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Charles Lee McDonald Sr.,				14. MOTHER'S MAIDEN NAME Rosamond Hickman.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no.		16. SOCIAL SECURITY NO. 492-07-0628.		17. INFORMANT 1096 McKnight Orchard Lane. Mrs Jeannette J. McDonald.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary artery sclerosis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							INTERVAL BETWEEN ONSET AND DEATH 4 days Tidep
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 Head when seen - signs death her and last saw her alive on Death occurred with pneumonia on the date stated above, and to the best of my knowledge, from the causes stated. 1001 10th St. St. Louis, Mo. 64104							
22a. SIGNATURE Sam F. Bean, M.D.				22b. ADDRESS 354 Central - St. Louis, Mo.		22c. DATE SIGNED 1/9/57	
23a. BURIAL, CREMATION, REBOVAL (Specify)		23b. DATE Jan 12, 1957.	23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery.		23d. LOCATION (City, town, or county) (State) St. Louis, Missouri.		
24. FUNERAL DIRECTOR C. R. Lupton & Sons, #7233 Delmar Blv'd.				25. DATE RECD. BY LOCAL REG. 1-10-57		26. REGISTRAR'S SIGNATURE Herbert A. Donahoe	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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..... *Clarence H. M...*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.