Health, & Welfare Public Service

S. 300
. 1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED MAR 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10685

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1955

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 01 4025 Hartford St. — Length of stay in 1b 2

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY
c. CITY OR TOWN St. Louis — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 169 4025 Hartford St. — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First ZELLA Middle Last MACDONALD

4. DATE OF DEATH Month Feb. Day 25 Year 1957

5. SEX Female 1
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 0
8. DATE OF BIRTH Oct. 4, 1876
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) St. Louis, Mo. 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown Macdonald
14. MOTHER'S MAIDEN NAME Waga Chisolm

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT Address George H. Parker 4025 Hartford St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pneumonia, lobar — INTERVAL BETWEEN ONSET AND DEATH 31 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) —
DUE TO (c) —
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 490 x
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

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 7/24/37 to 2/25/57 and last saw her/him alive on 2/25/57
Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur E. Strauss M.D. 0
22b. ADDRESS 539 N. Grand
22c. DATE SIGNED 2/26/57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 27, 1957
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.
23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Kriegshauser ADDRESS 4228 S. Kingshighway
25. DATE RECD. BY LOCAL REG. FEB 26 '57
26. REGISTRAR'S SIGNATURE Earl Smith MD MDB.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed William B. White.....

Licensed Embalmer No. 429

P. O. Address 422 [illegible]

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