

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-021970

STATE FILE NUMBER

Registration District No. 162

Primary Registration District No. 5594

Registrar's No. 67

DECEASED JUL 6 1959

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) LURAL-MERAMEC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph's Hill Infirmary		Length of stay in lb 32 DAYS	d. STREET ADDRESS (If outside, give location) 6224 WALSH
3. NAME OF DECEASED (Type or print) First GUY A. (ALBERT) Last McDONALD		4. DATE OF DEATH Month Day Year JUNE 25, 1959	
5. SEX M.	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH DECEMBER 9 1886-72
9. AGE (In years, last 7 days) IF UNDER 1 YEAR Months Days Hours Min.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED - FOREMAN of Warehouse - SPRINGFIELD Mo.	
11. BIRTHPLACE (City and state or country) U. S. A.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME John B. Mc DONALD		13b. MOTHER'S MAIDEN NAME MARNIE KENWORTHY	
14. NAME OF HUSBAND OR WIFE ANNIE HEMBERGER		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If in, give war or dates of service) NO	
16. SOCIAL SECURITY NO. 492-01-5811		17. INFORMANT BRO. ROCH St. Joseph's Hill Infirmary	
18. CAUSE OF DEATH (Enter only one cause on line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA DUE TO (b) CEREBRAL ARTERIOSCLEROTIC CARDIO- VASCULAR DISEASE DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 334X			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <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 MAY 23 '59 to JUNE 25 '59 and last saw him alive on JUNE 25 1959 Death occurred at 11:20 A.M. 6/25/59 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. Marder M.D.		22b. ADDRESS St. Joseph's Hill Infirmary	
22c. DATE SIGNED 6/25/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE June 29, 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	23d. LOCATION (City, town, or county) (State) 7800 St. Charles Rock Road
24. FUNERAL DIRECTOR C. Holmeister Colonial Mortuary 6464 Chippewa St.		25. DATE RECD. BY LOCAL REG. 6-29-59	26. REGISTRAR'S SIGNATURE Robert E. Bauer

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1951

MISSOURI

JUL 2 1951

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 *Bill C. Branson*

Licensed Embalmer No. *4764*

P. O. Address *St. Louis, Mo*

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.