

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-030602

FILED VS AUG 24 1959

Registration District No. _____ Primary Registration District No. _____ Registrar No. **2 7350** STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri , b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis	Length of stay in 1b	c. CITY OR TOWN St. Louis	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5953 Nagel Ave.	Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5953 Nagel Ave.	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sally Middle McDonald Last	4. DATE OF DEATH Month August Day 6 Year 1959
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5. SEX female	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/15/1888	9. AGE (last birthday) 71	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (City and state or country) New York City, N.Y.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Robert D. Douglass	13b. MOTHER'S MAIDEN NAME Ella Shartzter	14. NAME OF HUSBAND OR WIFE Don A. McDonald
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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. none	17. INFORMANT Mrs. James O. Scott 703 W. Water St	Address Pontiac III.
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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 failure		INTERVAL BETWEEN ONSET AND DEATH Several weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Rheumatic Heart Disease with	
	DUE TO (c) coronary Heart failure	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4/6x		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

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
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21. I attended the deceased from **July 1958** to **8-6-59** and last saw her/him alive on **6-4-59**
Death occurred at **150 Jesse** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Arthur L. Trisler M.D.	22b. ADDRESS 7500 Danouline	22c. DATE SIGNED 8-7-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug. 8, 1959	23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	23d. LOCATION (City, town, or county) (State) St. Louis Missouri.
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24. FUNERAL DIRECTOR C.R. Lupton and Sons 7233 Delmar	25. DATE RECD. BY LOCAL REG. AUG 7 '59	26. REGISTRAR'S SIGNATURE Dean Smith M.D.
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

City Visor....
2:30 Stamp.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Arnold W. Schoen

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.