

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-038340

FILED VS. OCT 22 1959 317

Registration District No.

Primary Registration District No. 544

Registrar's No.

2659

STATE FILE NUMBER

UNRECORDED

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)									
a. COUNTY St. Louis		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood		Length of stay in 1b 2 Days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 3941a Shaw Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)			First MILDRED			Middle McDONALD			Last McDONALD				
4. DATE OF DEATH			Month Oct.			Day 4			Year 1959				
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 3-27-1911		9. AGE (last birthday) 48		IF UNDER 1 YEAR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk-Recorder of Deeds Office				10b. KIND OF BUSINESS OR INDUSTRY St. Louis, Mo.				11. BIRTHPLACE (City and state or country) St. Louis, Mo.				12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME John Mount				13b. MOTHER'S MAIDEN NAME Catherine Carragher				14. NAME OF HUSBAND OR WIFE Late Emmett J. McDonald					
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. 474-059-9454				17. INFORMANT Joseph Mount 3941 Shaw Ave.				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Metastatic carcinoma of liver & bones</i> DUE TO (b) <i>Carcinoma of Breast</i> DUE TO (c) <i>170x</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 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		
21. I attended the deceased from <i>April 27, 1959 11:45 A.</i> to <i>October 4, 1959</i> and last saw her <i>him</i> alive on <i>Oct. 4, 1959</i> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <i>Charles E. Hogan, M.D.</i>						22b. ADDRESS <i>333 S. Kirkwood Rd. Kirkwood, Mo.</i>			22c. DATE SIGNED <i>Oct 5, 1959</i>				
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct. 7, 1959		23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery			23d. LOCATION (City, town, or county) (State) St. Louis, Mo.						
24. FUNERAL DIRECTOR Kriegshauser 4228 S. Kingshighway					ADDRESS			25. DATE RECD. BY LOCAL REG. <i>10-6-59</i>		26. REGISTRAR'S SIGNATURE <i>John C. Murphy, M.D.</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *William A. McDevitt*

Licensed Embalmer No. 3024

P. O. Address _____

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.