

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

|   |  |   |   |  |   |   |   |  |
|---|--|---|---|--|---|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |   |   |   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>   |  | Length of stay in 1b  |   | c. CITY OR TOWN <b>Calverton Park</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>DePaul Hospital</b>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                          |  | d. STREET ADDRESS (If outside, give location)<br><b>1522 Old Florissant Rd.</b> |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| 3. NAME OF DECEASED (Type or print)<br>First <b> Helen </b> Middle <b> M. </b> Last <b> McDonald </b>   |  |   |   | 4. DATE OF DEATH<br>Month <b> September </b> Day <b> 25, </b> Year <b> 1960 </b>   |   |   |   |  |
| 5. SEX<br><b> Female </b>   | 6. COLOR OR RACE<br><b> White </b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b> 8/29/1897 </b>  | 9. AGE (last birthday)<br><b> 63 </b>  | IF UNDER 1 YEAR<br>Months _____ Days _____                                      | IF UNDER 24 HR<br>Hours _____ Min. _____  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b> Housewife </b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b> At Home </b>   |   | 11. BIRTHPLACE (City and state or country)<br><b> St. Louis, Mo. </b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b> U.S. </b>  |   |  |
| 13a. FATHER'S NAME<br><b> George Jaccard </b>   |  |   | 13b. MOTHER'S MAIDEN NAME<br><b> Margaret (Unknown) </b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b> Everett F. McDonald </b>                     |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b> No </b>   |  | 16. SOCIAL SECURITY NO.<br><b> Unknown </b>   |   | 17. INFORMANT<br><b> Margaret M. Dunford, 1516 Old Florissant Rd. </b><br>Address  |   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b> Third degree burns of 75% of Body. </b><br>DUE TO (b) _____<br>DUE TO (c) _____<br>916.0-16<br>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)<br><b> Suffered when bedward's robe caught fire </b>  |  |   |   |  |   | PART III. If deceased was female, was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input checked="" 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.)<br><b> bedward's robe caught fire </b>                         |   |  |   |   |   |  |
| 20c. TIME OF INJURY<br>Hour <b> 5 </b> a.m. p.m.<br>Month, Day, Year <b> 8 25 60 in Home on August 23, 1960. </b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>    |   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b> 35 House </b> | 20f. CITY, TOWN, OR LOCATION<br><b> St. Louis </b>   | COUNTY<br><b> County </b>   | STATE<br><b> Mo. </b>   |   |  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b> 1030 A </b> m on the date stated above, and to the best of my knowledge, from the causes stated.   |  |   |   |  |   |   |   |  |
| 22a. SIGNATURE (In free or 11/2)<br><b> Patrick E. Taylor, Coroner </b>   |  |   |   | 22b. ADDRESS<br><b> 1305 Clark Ave </b>  |   | 22c. DATE SIGNED<br><b> 9/26/60 </b>  |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b> Removal </b>   |  | 23b. DATE<br><b> 9-29-60 </b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b> St. Peters Cemetery </b>  |  | 23d. LOCATION (City, town, or county)<br><b> St. Louis Co., Mo. </b>            |   |   |  |
| 24. FUNERAL DIRECTOR<br><b> Albert H. Hoppe, Inc., 1700 Washington Blvd. </b>   |  |   |   | 25. DATE RECD. BY LOCAL REG.<br><b> SEP 26 1960 </b>   | 26. REGISTRAR'S SIGNATURE<br><b> Carl Smith, M.D. </b>                          |   |   |  |

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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed By W Wilkins

Licensed Embalmer No. 35

P. O. Address W. Lane

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.