

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

37997
 Do not use this space.

1. PLACE OF DEATH **DEC'D DEC 12 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **Saint Louis** (d) Street No. **5707 McPherson Avenue** St. **10324**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John T. MacNaught**
 (a) Residence, No. **5707 McPherson Avenue** St. **5** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Dora C. Mac Naught**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 10, 1872**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	66	8	18	

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Textile dye chemist**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England** **4**

FATHER 13. NAME **Malcolm Mac Naught**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Scotland** **7**

MOTHER 15. MAIDEN NAME **Annie Woodford**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England** **11**

17. INFORMANT **R. W. Stuebner**
 (ADDRESS) **462 N. Taylor Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cambridge, Mass.** DATE **Dec. 2, 1938**

19. FUNERAL DIRECTOR **Oxenharder Funeral Director**
 (ADDRESS) **4469 Washington Blvd.**

20. FILED **NOV 29 1938** **J. T. Bredek** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 28, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct. 11, 1938, to Nov. 28, 1938**.
 I last saw him alive on **Nov. 28, 1938**. Death is said to have occurred on the date stated above, at **10:30 A.M.**

The principal cause of death and related causes of importance were as follows:

Cancer of Stomach
Inoperable
Pneumonia
 Date of onset

Other contributory causes of importance:

Name of operation **Ligone** Date of **Nov. 28, 1938**
 What test confirmed diagnosis? **X-ray** Was there an autopsy? **No.**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **No.**
 If so, specify **None**
 (Signed) **Roland W. Stuebner**, M. D.
 (Address) **462 N. Taylor St. Cambridge, Mass.**

STATEMENT BY LICENSED EMBALMER

I, Philander Craig, Licensed Embalmer No. 826

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Philander Craig

Licensed Embalmer No. 826

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.)