S. No. 2
I—4-13-40
7. 5-17-39
I X2

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 11986

APR 9 1941

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 592

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County ST. LOUIS
(b) City or town KOCH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ROBERT KOCH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6068 days (Specify whether years, months or days)
In this community LIFE

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. LOUIS
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2305 S. 4th ST.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 1 years.

3. (a) PRINT FULL NAME JOSEPH McDONALD
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced S
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased JULY (Month) 23 (Day) 1921 (Year)
8. AGE: Years 19 Months 7 Days 21 If less than one day hr. min.
9. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation none
11. Industry or business —
FATHER
12. Name JOSEPH McDONALD
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name LIZETTE STAH
15. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
16. (a) Informant KOCH RECORDS
(b) Address
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20/41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cm.
18. (a) Signature of funeral director Weick Bros. Und. Co.
(b) Address 2201 S. Grand Bl. St. Louis
19. (a) MAR 19 1941 (Date received local registrar) (b) JR Mgr m 8204 (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 16 year 1941 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from JULY 26, 1934, to MARCH 16, 1941, that I last saw him alive on MARCH 16, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death TUBERCULOSIS OF SPINE	
Due to	
Due to 16	
Other conditions (Includes pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy TUBERCULOSIS OF KIDNEYS AMYLOIDOSIS

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury
23. Signature Samuel Katz (M. D. or other)
Address Koch Hospital Date signed 3/17/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Harry A Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St. 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 this body is not embalmed, fact should be so stated above.