

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

97-63-003812
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No.

FILED JAN 17 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN Lemay (25)	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7116 S. Broadway		d. STREET ADDRESS (If outside, give location) 9959 Luna Ave	
3. NAME OF DECEASED (Type or print) First Middle Last Henry Clay McDonald			4. DATE OF DEATH Month Day Year January 2 1963
5. SEX Male	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 4-10-1899
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Core Maker		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country). St. Louis Mo
13a. FATHER'S NAME James McDonald		13b. MOTHER'S MAIDEN NAME Mary Simon	14. NAME OF HUSBAND OR WIFE Deceased (25)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. 37	17. INFORMANT Address Edward McDonald 9959 Luna Av Lemay
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) Exposure and Hypothermia;			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
DUE TO (b) when found in truck in vicinity of			
DUE TO (c) 7114 So. Broadway on January 2nd, 1963			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) accident 932.8-46			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 checked="" type="checkbox"/> NO <input 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.) See above	
20c. TIME OF INJURY Hour: ? a.m. 1-2-63 p.m.	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) PARKING LOT		20f. CITY, TOWN, OR LOCATION St Louis, Mo	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert J. ...</i>		22b. ADDRESS 1900 Clay	22c. DATE SIGNED 1-5-63
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-7-1963	23c. NAME OF CEMETERY OR CREMATORY Mt. Olive Cemetery	23d. LOCATION (City, town, or county) Lemay (25) Mo
24. FUNERAL DIRECTOR Fendler Und. Co 7420 Michigan Ave (11)		25. DATE RECD. BY LOCAL REG. JAN 5 1963	26. REGISTRAR'S SIGNATURE <i>Road Smith, M.D.</i>

USE BLACK INK
OR
TYPEWRITER RIBBON

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan 11

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.