

FILED DEC 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 38779  
Registrar's No. 10059

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>10059</u>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY _____					
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		c. LENGTH OF STAY (In this place) _____		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St Louis</u>		2179			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3448A St Vincent</u>				f. STREET ADDRESS (If rural, give location) <u>3448A St Vincent</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>SAMANTHA</u> b. (Middle) <u>McDONALD</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 27 50</u>						
5. SEX <u>FEM</u>		6. COLOR OR RACE <u>Wh</u>		7. MARRIED-NEVER MARRIED, WIDOWED-DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>MAR 17, 1868</u>			
9. AGE (In years last birthday) <u>82</u>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 60 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>John Sides</u>		13b. MOTHER'S MAIDEN NAME <u>Lenis King</u>		14. NAME OF HUSBAND OR WIFE <u>John P McDonald</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith McDonald 5026 PAGE</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocardial failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Generalized arteriosclerosis</u> DUE TO (c) <u>Senility</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Marked dehydration</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H221</u>					
22. I hereby certify that I attended the deceased from <u>6-2, 1950</u> , to <u>11-26, 1950</u> , that I last saw the deceased alive on <u>11-26, 1950</u> , and that death occurred at <u>1:35 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Elwin O. Schuur</u> (Degree or title) _____				23b. ADDRESS <u>3258 Lafayette</u>		23c. DATE SIGNED <u>11-27-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>Nov 29 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HOBBS CHAPEL</u>		24d. LOCATION (City, town, or county) (State) <u>JACKSON Mo</u>			
DATE REC'D BY LOCAL REG. <u>Nov 27 1950</u>		REGISTRAR'S SIGNATURE <u>J B Foster</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E J Schuur 3125 Lafayette</u>					

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

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed.....  
*James D. Ballmer*

Licensed Embalmer No. *4014*

P. O. Address *St. Louis, Mo.*

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.