

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

Do not use this space.

11440

1. PLACE OF DEATH

County Registration District No. 782
 Township Primary Registration District No. 10015
 City St. Louis (No. 4477 Lee Ave)

File No.
 Registered No. 2509
 St. Ward)

2. FULL NAME

Leo B. McGinnis
 (a) Residence, No. 4477 Lee Ave St. 10 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosalie McGinnis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 18, 1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>46</u>	<u>0</u>	<u>26</u>	

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

13. NAME John D. McGinnis

14. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

15. MAIDEN NAME Mary Power

16. BIRTHPLACE (CITY OR TOWN) St. Louis
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mary McGinnis
 (ADDRESS) 1787 Hamilton Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Calvary DATE 3/16 33

19. UNDERTAKER John P. Collins & Bros
 (ADDRESS) 923 No. Grand Blvd

20. FILED MAY 15 1933 19 May 15 1933
 Registrar W. C. Stanley

No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 14 - 1933

22. I HEREBY CERTIFY, That I attended deceased from 9 19....., to..... 19.....

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 2 a. m.

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

Chronic Myocarditis
Acute Dilatation
Chronic Interstitial Nephritis
 Date of onset 1931
 Other contributory causes of importance: 93C

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? Yes

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?.....
 If so, specify.....
 (Signed) W. C. Stanley Registrar

(Address) 345 1/2 S. Deputy Pioneer

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.

