

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.

FEB 11 1936

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

Do not use this space.

3252

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1000**  
City **St. Louis** (No. **St. Johns Hospital**) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. **480**

2. FULL NAME

**Rev Joseph Francis Mc Ginley**  
(a) Residence, No. **Potosi Mo.** St. **nr** Ward. \_\_\_\_\_  
(Usual place of abode) (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 **Wh** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 20, 1885**

7. AGE YEARS **50** MONTHS **7** DAYS **20** IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Catholic Priest**  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Pastor Potosi Mo.**  
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 Mo.** (STATE OR COUNTRY) \_\_\_\_\_

FATHER 13. NAME **John Patrick Mc Ginley**

14. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY) \_\_\_\_\_

MOTHER 15. MAIDEN NAME **Mary Dean**

16. BIRTHPLACE (CITY OR TOWN) **Ireland** (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT **Charles Mc Ginley** (ADDRESS) **1606 Bradford**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Jan. 14, 1936**

19. UNDERTAKER **Chas. L. Stuart** (ADDRESS) **1225 Union Blvd.**

20. FILED **J. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 10, 1936**

22. I HEREBY CERTIFY That I attended deceased from **Dec 22, 1935** to **Jan 10, 1936**  
I last saw him alive on **Jan 10, 1936** Death is said to have occurred on the date stated above, at **8:40 p.m.**  
The principal cause of death and related causes of importance were as follows:

**Erysipelas / 5** Date of onset **1/9/36**  
**Gastric hemorrhage** **1/9/36**  
**cause unknown probably**  
Other contributory causes of importance: **Sepsis cause unknown probably Erysipelas** **1/9/36**

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) **John McH Deane** M. D.  
(Address) **816 Metropolitan Bldg**

