

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.

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

Do not use this space.

JUL 14 1936

791

24571

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis** (No. **5279a**) Page

File No.
Registered No. **6191**
St. Ward)

2. FULL NAME

(a) Residence, No. **5279a** Page St. **6** 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 Female	4. COLOR OR RACE Wh	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF G. Alfred McNeill		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 23, 1895		
7. AGE	YEARS 41	MONTHS 2
	DAYS 23	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Beauty Culturist	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Marinella School	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	St. Louis	
FATHER	13. NAME Matthew E. McGinnis	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis	
	15. MAIDEN NAME Ann McKeenelly	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland	
	17. INFORMANT Michael J. McGinnis (ADDRESS) 5279a Page	
18. BURIAL, CREMATION, OR REMOVAL Cowderyville Ill. DATE 5-18-36		
19. UNDERTAKER (ADDRESS) Chas. A. Stuart 1223 Union Blvd		
20. FILED JUN 17 1936 J. H. Bredeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 16 1936**

22. I HEREBY CERTIFY That I attended deceased from **March** 19**36**, to **June 16**, 19**36**
I last saw h. **alive** on **June 16**, 19**36**. Death is said to have occurred on the date stated above, at **8:17** a.m.
The principal cause of death and related causes of importance were as follows:
Chr. Cardiac Valvular disease
mitral stenosis
Auricular fibrillation
Date of onset **Midwinter**
Dec 1935

Other contributory causes of importance
None

Name of operation **None** Date of
What test confirmed diagnosis? **Phys. Ex.** Was there an autopsy? **No**

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? **No**
If so, specify
(Signed) **Samuel B. Grant** M. D.
(Address) **3720 Washington Blvd**

[The body of the document contains several columns of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into a structured format, possibly a list or a table, but the individual entries cannot be discerned.]