

REC'D MAY 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791
100313215.
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
 (b) Township..... Primary Registration District No..... Registered No. **3819**
 (c) City **St. Louis** (d) Street No. **City Hospital # 1** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Joseph Patrick Mc.Bride, Jr. 216
 (a) Residence, No. **1807a Benton St.** St. **26**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 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) **June 15, 1936**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
1 10 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc.
 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** 0
 (STATE OR COUNTRY) **Mo.** 0

FATHER
 13. NAME **Joseph Patrick Mc.Bride** 0

14. BIRTHPLACE (CITY OR TOWN) **St. Louis** 0
 (STATE OR COUNTRY) **Mo.** 0

MOTHER
 15. MAIDEN NAME **Helen Razor,**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis,**
 (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Mr. Joseph P. Mc.Bride**
 (ADDRESS) **1807a Benton St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary Cem.** DATE **Apr. 26, 1938**

19. FUNERAL DIRECTOR (NAME) **Cullinane Brothers,**
 (ADDRESS) **1710 N. Grand Blvd.**

20. FILED **APR 25 1938** **J. F. Budick**
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Apr. 23, 1938** 19

22. I HEREBY CERTIFY, That I attended deceased from **4-18** 19**38** to **4-23-1938** 19**38**

I last saw him alive on **4-23** 19**38** Death is said to have occurred on the date stated above, at **11.45 P.M.**

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

Lobar Pneumonia

Date of onset **1938**

Other contributory causes of importance: **Empyema, right** 19**38**

Name of operation..... Date of.....

What test confirmed diagnosis?..... 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?.....

If so, specify.....

(Signed) **J. P. R. H.**, M. D.

(Address) **St. Louis, City Hospital**

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

Registered Apprentice No....., working under my personal supervision.

Signed: *Fred Frick*

Licensed Embalmer No. *3186*

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, above space should be left blank.