

REC'D JUL 12 1938

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

20474  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **St. Louis** (d) Street No. **St. Johns Hosp** Registered No. **5613**  
(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. How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**William J Mc Ginnes** 252  
(a) Residence, No. **Marshall Rd Kirkwood Mo** (Usual place of abode, if no street address, write county or city)  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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF **Marjorie Mc Ginnes** (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 16, 1895**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**42** **16** **1**

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Part owner**  
9. Industry or business in which work was done, as saw mill, bank, etc. **"Mill"**  
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation **St. Madison, Iowa**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mechanicville Iowa**

FATHER 13. NAME **Claude Mc Ginnes**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Iowa**

MOTHER 15. MAIDEN NAME **Johanna Hanlon**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

17. INFORMANT **Mr. Marjorie Mc Ginnes** (ADDRESS) **Kirkwood, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Belle Plaine Iowa** DATE **6-17-1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) # **C. P. Lupton & Sons** **712 33 Delmar Blvd**

20. FILED **JUN 22 1938** 19 **J. B. Budick** Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **6/17/1938**

22. I HEREBY CERTIFY, That I attended deceased from **6-7-1938** to **6-17-1938**  
I last saw him alive on **6-16-1938**. Death is said to have occurred on the date stated above, at **8:45 A.M.**

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

**Coronary Occlusion**  
**Myocardial Degeneration**  
Date of onset

Other contributory causes of importance: **None**

Name of operation **None** Date of **None**

What test confirmed diagnosis? **Clinical** 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 **Raymond F. Barnes** M. D.

(Signed) **Raymond F. Barnes** M. D.

(Address) **634 No. Grand**

Mrs. Gladys Murray  
3-5-54  
70-5354

5613

5613

**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, \_\_\_\_\_

*P.H. Murray*

\_\_\_\_\_ or by \_\_\_\_\_

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

Signed \_\_\_\_\_

*P.H. Murray*

Licensed Embalmer No. #4611.

P. O. Address #7233 Selma Ala

**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.**