Filed OCT 6 1938

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

33299
Do not use this space.

1. PLACE OF DEATH
(a) County St Louis — Registration District No. 784
(b) Township — Primary Registration District No. 200 — Registered No. 1551
(c) City Overland — (d) Street No. 3718 Jennings Road (Jennings Hosp)
(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. PRIMARY FULL NAME John Robert McHale
(a) Residence, No. 5736 Lotus Ave. St.
(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: 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) Sept. 5, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	51	-	17	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. City Fireman
9. Industry or business in which work was done, as saw mill, bank, etc. St. Louis Fire Dept
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) Mo. 0

FATHER
13. NAME Patrick McHale 5
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Ellen O'Brien
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT Helen McHale
(ADDRESS) 5736 Lotus Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Sept. 24, 1938

19. FUNERAL DIRECTOR (NAME) Walter F. Linn
(ADDRESS) 1225 Missouri Blvd.

20. FILED SEP 23 1938 19 W. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 22 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1929, 19..., to 9/22/38, 19...
I last saw him alive on 9/22/38, 19... Death is said to have occurred on the date stated above, at 2:30 P m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intestinal carcinoma and rectum.	
Ileo - Ceco junction resected	7 yrs ago.
Gut resection with switching to descending colon.	4 yrs ago
Other contributory causes of importance: Generalized metastasis of pelvis and rectum.	4/10/37
Myocarditis.	"
Interstitial Nephritis-decompensation. General C.A. anemia	"

Place of operation Toxemia. Date of
What test confirmed diagnosis? History Clinical and Lab. 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? Don't know.
If so, specify
(Signed) Robert Hanson M.D. M. D.
(Address) 3718 Jennings Rd.

(Licensed Embalmer's Statement on Reverse Side)

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.

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 Bernard A. J. Stu

Licensed Embalmer No. 3500

P. O. Address 1225 Union

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.