

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

REC'D AUG 11 1939 791
1008

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer Phillips
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution Since 5/31/39
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 127
(If outside city or town limits, write "RURAL")
(d) Street No. 4559 Westminister
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME

Alfred A McGill 240

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 5. Color or race C 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 15, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 1 6 _____ hr. _____ min.

9. Birthplace _____ Spain
(City, town, or county) (State or foreign country)

10. Usual occupation janitor

11. Industry or business _____

12. Name Chas. McGill

13. Birthplace Spain
(City, town, or county) (State or foreign country)

14. Maiden name Charlotte ?

15. Birthplace Honduras
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Gillous Eaton

(b) Address 4549 W. Minister Pl

17. (a) Burial (b) Date thereof 7/26/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director: Jas. H. Bandle & Son

(b) Address 3133 Bell Avenue

19. (a) JUL 26 1939 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21
year 1939 hour 5 minute 30 p. M.

21. I hereby certify that I attended the deceased from May 31, 1939
_____ 19____, to July 21, 1939, 19____;

that I last saw him alive on July 21, 1939, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Far advanced pulmonary tuberculosis 1 year

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature E. Am Cowee (M. D. or other) _____

Address 26017 Whitting Date signed 7/26/39

*Not embalmed
A.P.*

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.....

Licensed Embalmer No.....

P. O. Address.....

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.