

FD AUG 25 1940
Registration District **18791**

Primary Registration District No. **1003**

Registrar's No. **5818**

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 Days
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3402 N. Kingshighway
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8
year 1940 hour 3:30 minute _____ P. M.
21. I hereby certify that I attended the deceased from June
25, 1940 to July 8, 1940;
that I last saw him alive on July 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death: _____
2) Empyema
1) Sub-phrenic abscess
Perforated Peptic Ulcer
Due to _____
Due to _____

Duration

Under
Two

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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

Major findings:
Of operations See above
Of autopsy See above

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 J. E. Tynell md (M. D. or other)
Address 1515 Lafayette Date signed 7/8/40

3. (a) PRINT FULL NAME Harry McCale 240
3. (b) If veteran, name war None 8. (c) Social Security No. 497-05-3927

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 22 1878
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
61 8 16 _____ hr. _____ min.

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

10. Usual occupation Custodian

11. Industry or business Funeral Home

MOTHER FATHER { 12. Name Unknown
13. Birthplace _____
14. Maiden name Unknown
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant H. C. Kraeger

(b) Address 3402 N. Kingshighway

17. (a) Burial (b) Date thereof 7/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS

18. (a) Signature of funeral director KRAEGER - York - York

(b) Address 3402 N. Kingshighway

19. (a) JUL 10 1940 (b) _____
(Date received local registrar)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-4

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 _____

Guy W. Wilkinson

Licensed Embalmer No. _____

3575

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.