

No. 2
4-13-40
5-17-39
PI X23159

MAR 25 1941
Registration District No. **791**

Primary Registration District No. **1003**

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

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17
9

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Clayton, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 7500 York Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME James R. Ginn

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased May 25 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 8 12 _____ hr. _____ min.

9. Birthplace Ft. Larnia / Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation Broker

11. Industry or business Linseed Oil

12. Name Andrew Ginn

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

14. Maiden name Sarah Rutledge

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

16. (a) Informant Robert McDonald

(b) Address 522 East Polo Drive

17. (a) Cremation (b) Date thereof 2/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd at Concordia Lane

19. (a) FEB 9 1941 (b) J. H. Braddock
(Date received for registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 7th,
year 1941 hour 2:10 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 17, 1940, to 2/6/41, 19____;
that I last saw him alive on 2/6/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
Advanced coronary artery
sclerosis
Due to Ch. Indistinctive nephritis

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

Major findings:
Of operations not
Of autopsy not

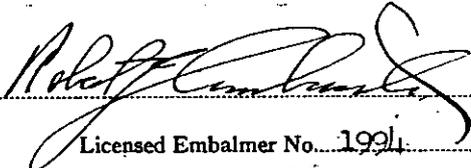
Duration
9 years
?
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Edward H. ... (M. D. or other) _____
Address 1501 S. Grand Blvd Date signed 2/7/41

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. 1991
P. O. Address Clayton 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, fact should be so stated above.