

No. 2
13-40
17-39
X23159

MAILED MAY 9 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

712244 15884
State File No.

Registration District No. 784

Primary Registration District No. 117

Registrar's No. 786

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Webster Groves
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 443 Oak St.
(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

3. (a) PRINT FULL NAME William R. McNab

3. (b) If veteran, name war None

3. (c) Social Security No. 194-81-4798

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Late Mamie McNab

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 3rd 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>67</u>	<u>3</u>	<u>6</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man

11. Industry or business National Lead Co.

12. Name Peter H. McNab

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

14. Maiden name Isabelle Barnes

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

16. (a) Informant Mable McNab

(b) Address 443 Oak St.

17. (a) Burial (b) Date thereof 4-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 11 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town Webster Groves
(If outside city or town limits, write "RURAL")

(d) Street No. 443 Oak St.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 9th
year 1941 hour 7:35 minute P.M.

21. I hereby certify that I attended the deceased from 6/1/1940
to 4/9/1941, 19____;
that I last saw him alive on 4/9/41, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis - Hypertension

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: _____

Of operations _____

Of autopsy _____

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? _____

23. Signature [Signature] (Specify type of place) _____
While at work _____ (e) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address 606-n Grand Date signed 4/19/41

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

MOTHER FATHER

m

SP. Form No.

W. H. ...
1-5- Ga 7675-

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 Reinhold K. Lohman

Licensed Embalmer No. 3395

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, fact should be so stated above.