No. 2
4-13-40
-17-39
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27039

FILED SEP 17 1941

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6831

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

1. PLACE OF DEATH:
(a) County St Louis Mo
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 4228 Maffitt
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 1117 (If outside city or town limits, write "RURAL")
(d) Street No. 4228 Maffitt Ave (If rural, give location)
(e) If foreign born, how long in U. S. A.? 8 years.

3. (a) PRINT FULL NAME Mary L Gilreath
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race W
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife John W Gilreath
6. (c) Age of husband or wife if alive Dead years
7. Birth date of deceased 3-29-1872 (Month) (Day) (Year)

8. AGE: Years 69 Months 4 Days 23 If less than one day hr. min.

9. Birthplace Youngstown Ohio (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
MOTHER FATHER
12. Name Peter McGraw
13. Birthplace Ireland (City, town, or county) (State or foreign country)
14. Maiden name Anna Mary Know
15. Birthplace Ireland (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Lila Birkemeier
(b) Address 4228 Maffitt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-25-41 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary
18. (a) Signature of funeral director Sullivan
(b) Address 2849 N Euclid
19. (a) AUG 22 1941 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 22 year 1941 hour 7 minute a. M.
21. I hereby certify that I attended the deceased from Nov, 1939, to Aug, 1941, that I last saw h. alive on Aug 21, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy - Terminal Bronchio-Pneumonia
Due to Hypertension, Cerebrosclerosis, Renal failure
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? (Specify type of place)
While at work (e) Means of injury
23. Signature J. M. McLaughlin (M.D. or other)
Address Humboldt Bldg Date signed Aug 22, 1941

(Licensed Embalmer's Statement on Reverse Side)

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

No. 2
4-13-40
-17-39
I X2219

Registration District No. ..... Primary Registration District No. ..... Registrar's No. ..... No. .....

Mr J M McCaughan Body on Humboldt Tr 1878

1. PLACE OF DEATH:
(a) County .....
(b) City or town .....
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: .....
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State .....
(c) City or town .....
(If outside city or town limits, write "RURAL")
(d) Street No. .....
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME .....

3. (b) If veteran, name war ..... 3. (c) Social Security No. .....

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

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

7. Birth date of deceased ..... (Month) (Day) (Year)

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

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

10. Usual occupation .....
11. Industry or business .....
12. Nativity (Father) .....
13. Birthplace ..... (State or foreign country)
14. Maiden name (Mother) .....
15. Birthplace ..... (City, town or county) (State or foreign country)
16. (a) Informant .....
(b) Address .....
17. (a) Place of burial or removal .....
(b) Date of burial or removal ..... (Month) (Day) (Year)
(c) Place of burial or removal .....
18. (a) Signature of undertaker .....
(b) Address .....
19. (a) ..... (b) .....
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

20. DATE OF DEATH: Month ..... day ..... year ..... hour ..... minute ..... M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...; that I last saw him alive on ....., 19...; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration .....
Due to .....
Due to .....
Other conditions .....
Major findings: .....
Operation ..... (Date) ..... (Hospital) ..... (Surgeon) ..... (Pathologist)
Autopsy within 3 months of death

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? .....
(Specify type of place)

23. Signature ..... (M. D. or other) .....
(Address)

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 Albert Mayfield

Licensed Embalmer No. 3077

P. O. Address Hayes 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.

WHITE PLAINLY—USE UNFADING BLACK INK—PLACE A PERMANENT RECORD