

No. 2
11-10-39
5-17-39
I X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29220

Registration District No. 760 B

Primary Registration District No. 6001

Registrar's No. 150

1. PLACE OF DEATH:

(a) County ST. CHARLES
(b) City or town WELDON SPRINGS RURAL
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution? St. Ann's Home No. 1
(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) TWO MONTHS

3. (a) PRINT FULL NAME Joseph McIlree

3. (b) If veteran, name war WORLD WAR 8. (c) Social Security No. 115-10-8321

4. Sex M 5. Color or race W 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 SEPTEMBER 28 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 10 29 _____ hr. _____ min.

9. Birthplace NEW YORK CITY /
(City, town, or county) (State or foreign country)

10. Usual occupation STEAMFILTER

11. Industry or business ENGINEERING

12. Name JOHN McILREE

13. Birthplace UNITED STATES /
(City, town, or county) (State or foreign country)

14. Maiden name MARY DIAMOND

15. Birthplace UNITED STATES /
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES McILREE

(b) Address 172 AVE C NEW YORK N.Y.

17. (a) BURIAL (b) Date thereof 9-2-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HOLY CROSS CEMETERY

18. (a) Signature of funeral director E.A. KEITHLEY

(b) Address O'FALLON MO.

19. (a) Aug 28-41 (b) E.A. Keithley
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State NEW YORK (b) County NEW YORK
(c) City or town NEW YORK
(If outside city or town limits, write "RURAL")
(d) Street No. 172 AVENUE C
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years 2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 27 year 1941 hour 4 minute _____ P. M.

21. I hereby certify that I attended the deceased from Coronary Case, 19____; that I last saw him alive Wearing R Body, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary atherosclerosis
Due to Sen arterio sclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations 94a
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence natural causes
(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 A. Perich Schurz Mo. (M. D. or other)
Address St Charles Mo. Date signed 8/28/41

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

MOTHER FATHER

SEP 11 1964

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 Ed Keithly

Licensed Embalmer No. 872

P. O. Address Fallon 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, above space should be left blank.