

FILED MAR 24 1942  
 Registration District No. 1942-91

Primary Registration District No. 1003

Registrar's No. 000

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:  
902 S. 18<sup>th</sup> ST. 1  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 In this community.....  
 years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MISSOURI (b) County.....  
 (c) City or town ST. LOUIS  
 (If outside city or town limits, write "RURAL")/  
 (d) Street No. 902 S. 18<sup>th</sup> ST.  
 (If rural, give location)  
 (e) Citizen of foreign country?.....  
 If yes, name country.....

3. (a) PRINT FULL NAME HENRY E. Mc GILL  
 (b) If veteran, name war SPANISH  
 (c) Social Security No. NO.  
 4. Sex MALE  
 5. Color or race WHITE  
 6. (a) Single, widowed, married, divorced 3  
 (b) Name of husband or wife UNK.  
 (c) Age of husband or wife if alive..... years  
 7. Birth date of deceased APRIL 1 1862.  
 (Month) (Day) (Year)

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 5 day March  
 year 1942 hour 10 minute A M.  
 21. I hereby certify that I attended the deceased from Dec  
1941 to March 4 1942  
 that I last saw him alive on March 4 1942  
 and that death occurred on the date and hour stated above.

8. AGE:  
 Years 79 Months 11 Days 4  
 If less than one day  
 hr. min.

Immediate cause of death  
Coronary Thrombosis  
Arteriosclerosis -  
Atherosclerosis  
 Due to Arteriosclerosis -  
Atherosclerosis  
 Other conditions  
 (Include pregnancy within 3 months of death)

9. Birthplace ST. LOUIS MO.  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation MIL

Major findings:  
 Of operations.....  
 Of autopsy.....  
 PHYSICIAN  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....  
 12. Name DANIEL Mc GILL  
 13. Birthplace SCOTLAND  
 (City, town, or county) (State or foreign country)  
 14. Maiden name ROSE UNKNOWN  
 15. Birthplace ENGLAND  
 (City, town, or county) (State or foreign country)

16. (a) Informant E. J. Schmur  
 (b) Address 3125 Lafayette av  
 17. (a) BURIAL (b) Date thereof MARCH 7 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation BELLEFONTAIN CEMETERY  
 18. (a) Signature of funeral director E. J. Schmur  
 (b) Address 3125 Lafayette av  
 19. (a) MAR 6 1942 (b) J. T. Predeck  
 (Date received local registrar) (Registrar's signature)

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 H. G. Mabee (M. D. or other)  
 Address 1004 50<sup>th</sup> ST. Date signed.....

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

**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. 4014

P. O. Address 3195 Lafayette Ave.

**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.**