

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **8905**
2977
Registrar's No.

FILED APR 17 1942
Registration District No. **7**

Primary Registration District No. **1003**

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: 2312 So. 10th
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 6 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 2312 So 10th
(If rural, give location) 1
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGE Mc BRIDE
(b) If veteran, name war _____ (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 1
year 1942 hour 11 minute 55 A.M.
21. I hereby certify that I attended the deceased from Mar. 2
1942 to Mar. 31, 1942
that I last saw him alive on Mar. 31, 1942
and that death occurred on the date and hour stated above.

4. Sex MO 5. Color or race W
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife _____ (c) Age of husband or wife if
Winey alive 51 years
7. Birth date of deceased June 20 1887
(Month) (Day) (Year)

Immediate cause of death Carcinoma
Primary site, in jaw
Due to _____
Due to _____

8. AGE: Years Months Days If less than one day
54 7 11 hr. min.

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy _____

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

10. Usual occupation Labol.

11. Industry or business _____
12. Name William McBride
13. Birthplace Sparta Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Mary Thompson
15. Birthplace Lawell Co. Mo.
(City, town, or county) (State or foreign country)

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 _____

16. (a) Informant Mrs. Margaret Hill
(b) Address 4249 Delmar
17. (a) burial (b) Date thereof 3/3/42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt Hope - Catlin, Ill

18. (a) Signature of funeral director E. C. White
(b) Address 4259 Lindell

19. (a) Apr 2 1942 (b) J. F. Osbeck
(Date received local registrar) (Registrar's signature)

23. Signature J. T. Keaton (M. D. or other)
Address 3430 S. Jefferson Date signed 4/2/42

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

MOTHER FATHER

Duration 8 mo.
PHYSICIAN
Underline the cause to which death should be charged statistically.

P

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 Arnold W. Schoene
Licensed Embalmer No. 3864
P. O. Address St. Louis, 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.