

FILED JUN 22 1942 91

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4971

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:
Alexian Brothers Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 day
(Specify whether

In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis ⁰⁰⁰
25 ¹⁷
9

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. Maryland Hotel--205 N. Ninth St.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME THOM. R. McCAMBRIDGE

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

4. Sex MALE 0 5. Color or race WHITE 6. (a) Single, widowed, married, divorced divorced 3

6. (b) Name of husband or wife none 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

49 hr. min.

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

10. Usual occupation Insurane Agent

11. Industry or business American Hospital & Life Ins. Co.

MOTHER FATHER

12. Name James McCambridge

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

14. Maiden name Unknown

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

16. (a) Informant Walter C. Daulton
(b) Address 5218 Dewey Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-9-1942
(Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery Jefferson Barracks

18. (a) Signature of funeral director Wendell S. Sorenson
(b) Address 6175 Delmar Blvd.

19. (a) JUN 8 1942 (Date recorded in registrar's office) (b) J. F. Bradish (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5
year 1942 hour 9 minute 00 AM

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

Immediate cause of death Ruptured Aortic Aneurysm

Duration

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Walter C. Daulton (M. D. or other)
Address Date signed 6/14/42

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

141
00
17
9

AD

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.....

Joseph E. McCulloh

Licensed Embalmer No. *2460*

P. O. Address *6175 Pellmar*

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.