

96
 3000

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

1. PLACE OF DEATH: St. Louis

(a) County.....
 (b) City or town Richmond Heights
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Marys. Hosp. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11 days
 (Specify whether

In this community.....
 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 96

(a) State Missouri (b) County St. Louis 5
 (c) City or town Maplewood 3
 (If outside city or town limits, write "RURAL")
 (d) Street No. 7905 Lorine
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME Benjamin Henry McNail

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
 year 1942 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 23
1942 to Oct. 4, 1942
 that I last saw him alive on Oct. 4, 1942
 and that death occurred on the date and hour stated above.

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 Sept. 23, 1942
 (Month) (Day) (Year)

Immediate cause of death.....
Respiratory failure

Due to unknown

Due to.....

Other conditions.....
 (Include pregnancy within 3 months of death)

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

11 hr. min.

9. Birthplace St. Louis, Mo. Richmond Heights, Mo.
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations.....

Of autopsy.....

PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER

10. Usual occupation.....

11. Industry or business.....

12. Name Benjamin McNail

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

14. Maiden name Emma Vivian Leeper

15. Birthplace St. Louis, Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant B. H. McNail
 (b) Address 7905 Lorine

17. (a) Burial (b) Date thereof 10-5-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director JAY B. Smith
 (b) Address 7456 Manchester

19. (a) OCT - 5 1942 (b) E. J. M. Duran
 (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?
 (Specify type of place)

While at work?..... (e) Means of injury 8

23. Signature J. A. Sterling (M. D. or other)
 Address 726 Manchester Date signed 10-5-42

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.....

J. E. Burgess

Licensed Embalmer No.....

4029

P. O. Address.....

Maplewood

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.