

REC'D DEC 1 1942
318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 9819

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:
ST. LUKES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 DAY
(Specify whether)

In this community

years, months or days

2. USUAL RESIDENCE OF DECEASED: 96

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town GLENDAL INR.
(If outside city or town limits, write "RURAL")

(d) Street No. 117 PARKLAND PL.
(If rural, give location)

(e) Citizen of foreign country? - (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME SHERON RUE MCGILL

3. (b) If veteran, name war

3. (c) Social Security No.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1942 hour 1:00 minute 5 A.M.

21. I hereby certify that I attended the deceased from Nov. 23
1942 to Nov. 24 1942

that I last saw him alive on Nov. 24 1942
and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive

7. Birth date of deceased NOVEMBER-23-1942
(Month) (Day) (Year)

Immediate cause of death
Premature birth (6 1/2 mo)

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
- - - 22 hr. - min.

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INEATN

11. Industry or business

MOTHER FATHER

12. Name JOHN C. MCGILL

13. Birthplace MT. VERNON ILLINOIS
(City, town, or county) (State or foreign country)

14. Maiden name THEYNA SNIDER

15. Birthplace ATCAISON KANSAS
(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.

16. (a) Informant J. M. Miller
(b) Address 117 PARKLAND PL. GLENDALE MO.

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?

(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

17. (a) BURIAL (b) Date thereof NOV. 24 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK HILL CEM.

18. (a) Signature of funeral director Parker and Co
(b) Address WEBSTER GROVES MO.

19. (a) NOV 24 1942 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

23. Signature Frank Aust H. D. (M. D. or other)

Address 4952 Maryland Date signed 11/24/42

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..... *W. C. Aldrich*

Licensed Embalmer No. *1332*

P. O. Address *Deebley Grove*

No Embalming

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.