S. No. 2
0M—2-43
5-17-3
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30177

FILED OCT 2 - 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8487

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

(d) Length of stay: In hospital or institution 18-days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 3

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

(d) Street No. 6611 Fyler Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME John F. McGillick

3. (b) If veteran, name war None

3. (c) Social Security No. 489-05-0459

4. Sex M. 0

5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Blanche Donovan McGillick

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April 27th., 1898 (Month) (Day) (Year)

8. AGE: Years 45 Months 4 Days 28 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation Shipping Clerk

11. Industry or business Louis Maull Co.

FATHER
12. Name John McGillick
13. Birthplace St. Louis (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name Anna Gannon
15. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

16. (a) Informant Mrs. Blanche McGillick
(b) Address 6611 Fyler Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-27-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) SEP 25 1943 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 23rd., year 1943 hour 7 minute 40 p. M.

21. I hereby certify that I attended the deceased from 9-7-43, 19__, to 9-23, 1943, that I last saw h__ alive on 9-23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Acute Lymphatic Leukemia

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATISTICS
Major findings:
Of operations
Of autopsy

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

23. Signature [signature] (M. D. or other) MD
Address 3244 Prairie Ave. Date signed 9/24/43

(Licensed Embalmer's Statement on Reverse Side)

B.Cappel
3284 Ivanhoe Ave.

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 M Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette.

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.