No. 3
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40209

FILED JAN 12 1944

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11932

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. 25 days (Specify whether years, months or days)

In this community 17 years

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis, 923
(If outside city or town limits, write "RURAL")

(d) Street No. 1523 So. Broadway
(If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME James McGill

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race C

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 Aug (Month) 30 (Day) 1895 (Year)

8. AGE: Years 48 Months 3 Days 25 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name Henderson McGill

13. Birthplace Miss (City, town, or county) 1 (State or foreign country)

14. Maiden name Hattie McGill

15. Birthplace Miss (City, town, or county) 1 (State or foreign country)

16. (a) Informant Henderson McGill

(b) Address 1109 S 10 St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-31-43 (Month) (Day) (Year)

(c) Place: burial or cremation Oakedale

18. (a) Signature of funeral director A. J. Burton

(b) Address 1600 S 3rd St

19. (a) DEC 31 1943 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 25, year 1943 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from October 31, 1943 to December 25, 1943; that I last saw him alive on December 25, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy

PHYSICIAN — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. ~~or other~~)

Address Date signed 12/29/43

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No. 3522

P. O. Address.....

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.