

FILED DEC 10 1943

Registration District No. 3

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town Wellston  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
6570 Leschen Avenue.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution.....  
 (Specify whether  
 In this community.....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
 (c) City or town Wellston  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 6570 Leschen Avenue  
 (If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Milton P. Mc Nerney  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. None

4. Sex Male 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..... years  
 7. Birth date of deceased March 25, 1919  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
34 8 19 hr. .... min.

9. Birthplace St. Louis Co. Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business.....

MOTHER FATHER { 12. Name Rhomas M. Mc Nerney  
 13. Birthplace St. James Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Sarah Skyles  
 15. Birthplace Rolla Missouri  
 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas M. Mc Nerney  
 (b) Address 6570 Leschen Avenue.

17. (a) Burial (b) Date thereof Dec 17, 1943  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Shepard Funeral Home  
 (b) Address 1167 Hamilton Avenue.

19. (a) DEC 16 1943 (b) E. P. Mc Garrison, M.D.  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 14, 1943  
 year 8 hour 10 minute P M.

21. I hereby certify that I attended the deceased from Dec 7, 1943 to Dec 14, 1943  
 that I last saw him alive on Dec 14, 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death..... La grippe Duration 7 days

Due to.....

Due to.....

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

Major findings:  
 Of operations..... 338  
 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 E. P. Mc Garrison (M. D. or other)  
 Address 1526 Kodiamont Date signed 12/16/43

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**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

*John Gonoski*  
.....  
Licensed Embalmer No. *3398*  
.....  
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.**