

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

1. PLACE OF DEATH:

(a) County _____
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Saint Mary's Infirmery 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4447 Aldine Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME MARTIN L. MCGINNIS

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color Black 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eloise McGinnis 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased December 14 1888
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 9 If less than one day hr. min.

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

10. Usual occupation Physician

11. Industry or business _____

12. Name Gus McGinnis

13. Birthplace Unavailable Alabama
(City, town, or county) (State or foreign country)

14. Maiden name Unavailable Alexander

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

16. (a) Informant Eloise McGinnis

(b) Address 4447 Aldine Avenue

17. (a) Burial (b) Date thereof 4/27/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Saint Peter's Cem.

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) APR 27 1944 (b) J. J. Brudack
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month April day 23rd
year 1944 hour 1: minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1, 1944, to April 23, 1944
that I last saw her alive on April 23, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death 2 tumor of brain
unknown as to
any malignancy
Due to _____
Due to 56 d.

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

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 Walping O (M. D. or other) _____
Address 2316a Market Street Date signed 4/25/44

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

MOTHER FATHER

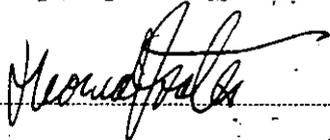
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


..... Licensed Embalmer No.: 4259

..... P. O. Address: 4107 Finney Avenue

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.