

FILED DEC 9 1944 218

1003

Registration District No. _____ Primary Registration District No. _____

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:
3718 Rutger St.
(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)

3. (a) PRINT FULL NAME Willie McGill

3. (b) If veteran, name war _____ 3. (c) Social Security No. 498-09-0619

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

6. (b) Name of husband or wife Eva McGill 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Nov. 17 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 0 9 hr. min.

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

10. Usual occupation Crane Operator

11. Industry or business Scullen Steel Foundry

12. Name Riley McGill

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

14. Maiden name Martha Price

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

16. (a) Informant Edward McGill
(b) Address 2615 Spruce St.

17. (a) Burial (b) Date thereof Dec. 2 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Russell Undt. Co.

(b) Address 2732 Pine St.

19. (a) NOV 30 1944 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3718 Rutger St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 26
year 1944 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from Nov 9, 1944, to Nov 25, 1944,
that I last saw him alive on Nov 24, 1944,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

acute myocarditis
Due to Ch. myocarditis

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. J. Brudeck (M. D. or other) _____
Address 225 N. 16th St Date signed 11/27/44

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

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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 Jack Russell
Licensed Embalmer No. 4112
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.