

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St Louis Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Parke lane Hospital  
(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) 0

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. 1421 Hillterrace Pl.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

Arthur McBride

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Deceased

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

7. Birth date of deceased May 6, 1888  
(Month) (Day) (Year)

8. AGE:

Years 56 Months 7 Days 12

If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Unemployed

11. Industry or business \_\_\_\_\_

12. Name J. McBride

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

14. Maiden name Unknown

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

16. (a) Informant Arthur McBride Jr

(b) Address 1421 Hillterrace Pl.

17. (a) Burial (b) Date thereof 12-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St Marcus Cemetery

18. (a) Signature of funeral director Central Und. Co

(b) Address 1841 Cass Ave

19. (a) DEC 19 1944  
(Date received local registrar)

J. F. Bredek  
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18th  
year 1944 hour 5 minute 40 AM

21. I hereby certify that I attended the deceased from here  
10th 1944 to 12-18-1944  
that I last saw him alive on 12-17-1944  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Emphysema 2 yrs  
Non-tubercular

Due to 11/2  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

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 Clare B. Kern (M. D. or other)  
Address 1706 Walton Date signed 12/18/44

**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 Agonochi*.....  
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.**