S. No. 2
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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. 7985

FILED MAR 23 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2366

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: Barnes Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Menard
(c) City or town Rock Creek
(If outside city or town limits, write "RURAL")
(d) Street No. NR
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Alice Mildred McGillen
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Royal McGillen
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased January (Month) 26 (Day) 1910 (Year)

8. AGE: Years	Months	Days	If less than one day
35	1	17	hr. min.

9. Birthplace Rock Creek (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Amy Brown
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Samuel Schnapp
15. Birthplace Rock Creek (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Royal McGillen
(b) Address Rock Creek, Ill.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-13-45 (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) MAR 13 1945 (Date received local registrar) (b) J. F. Budnick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 13 year 1945 hour 3 minute 30 A.M.
21. I hereby certify that I attended the deceased from Feb. 24, 1945, to March 13, 1945; that I last saw h. alive on March 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death ~~Edema~~ Peritonitis Generalized — Duration 4 days
Due to Adenocarcinoma of sigmoid colon
Due to
Other conditions (Include pregnancy within 3 months of death) H/O
Major findings: Of operations Adenocarcinoma of sigmoid colon
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 F R Bradley (M. D. or ~~other~~)
Address Barnes Hospital Date signed 3/13/45

(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 R. W. Wilbur

Licensed Embalmer No. 3575

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.