V. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 11 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 39474

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11627

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:
NONE 530 N. UNION /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NONE (Specify whether
In this community 5 YR.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County
(c) City or town ST. LOUIS Mo. 12
(If outside city or town limits, write "RURAL")
(d) Street No. 530 N. UNION BLVD.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN A. MC BRIDE

3. (b) If veteran, name war NONE

3. (c) Social Security No.

4. Sex MALE D

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED /

6. (b) Name of ~~husband~~ or wife MARIE MC BRIDE

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased SEPT. (Month) 1 (Day) 1886 (Year)

8. AGE: Years 59 Months 3 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Maintainer Mono

11. Industry or business

FATHER
12. Name ROBERT MC BRIDE
13. Birthplace UN KNOWN (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ALICE LITTLE
15. Birthplace ST. LOUIS (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Marie A. McBride
(b) Address 530 N Union Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof JAN. 2 1946 (Month) (Day) (Year)
(c) Place: burial or cremation SALEM LUTH CEM.

18. (a) Signature of funeral director Diedrich F. Home
(b) Address 8319 Halls Ferry Rd

19. (a) JAN 1 1946 (Date received local registrar) (b) F. F. Diedrich (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 30 year 1945 hour 4-45 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1 at 45, 19, to Dec 30 45, 19, that I last saw him alive on Dec 30 45, 19, and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to Myocarditis Chr

Due to Hypertension

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None

Of autopsy None

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? Natural Causes (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 Scott Huser M.D. (M. D. or other)
Address 634 N. Grand Date signed 12-31-45

(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 John Ogrnoski

Licensed Embalmer No. 22398

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.