

S. No. 2
OM-2-43
v. 5-17-39
X35697

11395

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. **2714**

FILED MAR 30 1946
318

Primary Registration District No. **1003**

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: **De Paul Hospital**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 Week**
(Specify whether years, months or days)

In this community **58 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **James Arthur McFall**

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 **Married**

6. (b) Name of husband or wife **Sarah Ann McFall** 6. (c) Age of husband or wife if alive **75** years

7. Birth date of deceased **July 11 1866**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	79	8	10	hr. min.

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

10. Usual occupation **Auto Livery Business**

11. Industry or business _____

MOTHER FATHER

12. Name **William McFall**

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

14. Maiden name **Susan Sherley**

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

16. (a) Informant **Richard McFall**

(b) Address **6224 Pershing Ave.**

17. (a) **Burial** (b) Date thereof **3-23-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Bellefontaine Cent.**

18. (a) Signature of funeral director **Arthur J. Donnelly**

(b) Address **3840 Lindell Blvd**

19. (a) **MAR 22 1946** (b) **J. F. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **St. Louis**

(c) City or town **University City**
(If outside city or town limits, write "RURAL")

(d) Street No. **6326 Pershing Ave.**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21** year **1946** hour **6** minute **A.** M.

21. I hereby certify that I attended the deceased from **March 14**, 19**46** to **March 21**, 19**46**
that I last saw him alive on **March 20**, 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Coronary Occlusion**

Due to _____

Due to **Coronary Sclerosis**

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) (c) Means of injury _____

23. Signature **J. F. Bredek** (M. D. or other) **MD**
Address **401 Franklin St. Bldg.** Date signed **3/21/46**

(Licensed Embalmer's Statement on Reverse Side)

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

10307

179

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 W. Van Matre
Licensed Embalmer No. 2825
P. O. Address 4340 Lafayette

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.