

FILED JUN 18 1947

State File No. _____

Registration District No. 577

Primary Registration District No. 6076

Registrar's No. 1145

1. PLACE OF DEATH: St. Louis

(a) County St. Louis

(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
218 E. Etta
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 218 E. Etta
(If rural, give location)

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

3. (a) PRINT FULL NAME Charles H. McGill

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, Widowed

6. (b) Name of husband or wife Mary

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

7. Birth date of deceased: May 17 1867
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>80</u>	<u>0</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation RETIRED Stone Cutter

MOTHER FATHER

11. Industry or business _____

12. Name Henry McGill

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Ada Studdard

(b) Address 218 E. Etta

17. (a) Removal (b) Date thereof June 7 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Granitville Mo.

18. (a) Signature of funeral director Jos. P. Fendler Jr.

(b) Address 7128 Michigan Ave.

19. (a) 6-7-47 (b) Beulah J. Shann
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5
year 1947 hour 11 minute 30 P. M.

21. I hereby certify that I attended the deceased from 3-7-47 to June 5 1947,
that I last saw him alive on June 5 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to arteriosclerosis

Other conditions arteritis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____
Of autopsy _____

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 2

23. Signature Beulah J. Shann (M. D. Seal)
Address 7110 1/2 Michigan Ave. Date signed 6-6-47

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

JUN 30 1947

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.....

Clemence Johnson

Licensed Embalmer No.

3093

P. O. Address.....

17128 Michigan

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.