

FILED JUL 21 1947 **318**

Primary Registration District No. **1003**

Registrar's No. **6580**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4020a North Grand Blvd.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 38 years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME MICHAEL McHale

(b) If veteran, name war None  
(c) Social Security No. 489-22-3974

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Catherine McHale  
(c) Age of husband or wife if alive 54 years  
7. Birth date of deceased January 3, 1885  
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 8  
If less than one day hr. min.

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

10. Usual occupation Maintenance Man

11. Industry or business Carter Carburetor

MOTHER FATHER { 12. Name John McHale  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Mary Moran  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Catherine McHale  
(b) Address 4020a North Grand Blvd.  
17. (a) Burial (b) Date thereof 7-14-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]  
(b) Address 2117 East Grand Ave.

19. (a) JUL 12 1947 (b) J. J. [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 4020a North Grand Blvd. (If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No) 10  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11th  
year 1947 hour 5 minute 25 A. M.

21. I hereby certify that I attended the deceased from Nov. 1946 to July 11 1947  
that I last saw him alive on July 2 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of tongue  
Due to with metastases

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) HS

Major findings: Of operations Biopsy  
Of autopsy \_\_\_\_\_

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? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
Means of injury \_\_\_\_\_  
23. Signature George G. Carter (M. D. or other) \_\_\_\_\_  
Address 607 N. Grand Date signed 7/11/47

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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

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**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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

**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.**