No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29282

State File No.

Registration District No. FILED SEP 2 3 1947

Primary Registration District No. 1003

Registrar's No. 7893

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jewish Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Madison 999

(c) City or town Cottage Hills 11
(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 George McFall

3. (b) If veteran, name war No

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ruth McFall

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

7. Birth date of deceased November (Month) 13 (Day) 1904 (Year)

8. AGE: Years 42 Months 9 Days 1 If less than one day hr. min.

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

10. Usual occupation Carpenter

11. Industry or business

FATHER
12. Name Herman McFall
13. Birthplace DesMoines (City, town, or county) Iowa (State or foreign country)

MOTHER
14. Maiden name Mary Bohon
15. Birthplace Unknown (City, town, or county) Iowa (State or foreign country)

16. (a) Informant Ruth McFall
(b) Address Cottage Hills, Illinois

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 8/18/47 (Month) (Day) (Year)
(c) Place: burial or cremation Bethalto, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.,

19. (a) AUG 19 1947 (Date received local registrar) (b) J. F. Bradeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14
year 1947 hour 6 minute 15 P M.

21. I hereby certify that I attended the deceased from August 12, 1947, 19, to August 14, 1947
that I last saw him alive on Aug 14, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Meningitis -Purulent	1 wk?
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy cf. Dept. Path. Jewish Hosp. St. Louis, Mo

PHYSICIAN
Underline the cause of 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 Edmund A. Smoley MD (M. D. or other)
Address Beaumont Med Bldg Date signed 8/18/47

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

8-28-47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

AUG 9 1954

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 S. Dennehy

Licensed Embalmer No. 41944

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.