No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 29284

Registrar's No. 8071

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

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 Alexian Bros. Hospital
(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 Dent 33

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

(d) Street No. 304 S. Jackson
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME John McGinnis

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret McGinnis

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased June (Month) 5 (Day) 1866 (Year)

8. AGE: Years 81 Months 2 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business

FATHER
12. Name Hugh McGinnis
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Barrett
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret McGinnis
(b) Address Salem, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-26-47 (Month) (Day) (Year)
(c) Place: burial or cremation Salem, Mo.

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

19. (a) AUG 25 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23 year 1947 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 21-47, 19 to Aug-23-47, 1947 that I last saw him alive on Aug 23, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolus

Due to —

Due to —

Other conditions Emphysema lungs - Senility
(Include pregnancy within 3 months of death)
Intertrochanteric fracture femur

Major findings:
Of operations

Of autopsy

Duration

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) Accident 33

(b) Date of occurrence Aug-19-47

(c) Where did injury occur? Home (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? See above (Specify type of place)

While at work? No — (e) Means of injury 0

23. Signature J. Murphy MD (M. D. or other) Fall

Address 634 N Grand — Date signed 8-25-47

Jefferson City Printing Co.

(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 S Dennehy

Licensed Embalmer No. 4194

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.