No. 2
-1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

2807

FILED JAN 30 1948

State File No. 526

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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: ST. ANTHONY
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 DAYS. (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO (b) County
(c) City or town ST LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4226 JUNIATA
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHARLES 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 WIDOW
6. (b) Name of husband or wife ANNA
6. (c) Age of husband or wife if alive years
7. Birth date of deceased FEB (Month) 1 (Day) 1860 (Year)

8. AGE: Years 87 Months 11 Days 16 If less than one day hr. min.

9. Birthplace BEAVER DAM (City, town, or county) WISCONSIN (State or foreign country)
10. Usual occupation CARPENTER BLGD.
11. Industry or business
FATHER
12. Name WILLIAM McGILL
13. Birthplace (City, town, or county) IRELAND (State or foreign country)
MOTHER
14. Maiden name MARY CAMPION
15. Birthplace (City, town, or county) IRELAND (State or foreign country)
16. (a) Informant MARY McGILL
(b) Address 4226 JUNIATA
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 1-20-48 (Month) (Day) (Year)
(c) Place: burial or cremation CALVARY
18. (a) Signature of funeral director Cullen & Kelly
(b) Address 4386 LINDELL BLVD.
19. (a) JAN 19 1948 (Date received local registrar) J. F. Breeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 17
year 1948 hour 11 minute 30 A.M.
21. I hereby certify that I attended the deceased from Jan 10, 1948 to Jan 17, 1948
that I last saw him alive on Jan 16, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: myocardial degeneration	5 Dg
Due to: Fracture left femur	8 Day
Due to: arteriosclerosis	1 yr
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

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
(b) Date of occurrence Jan 9 1948
(c) Where did injury occur? S Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Fall
23. Signature M J Pullian (M. D. or other) MD
Address 607 N. Grand Date signed 1-17-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

S

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

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.