No. 2
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 30 1948
MM
Registration District No. 312

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15008
Registrar's No. 1049

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 23 Days (Specify whether
In this community 23 Days years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4412a Manchester
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No)
If yes, name country -

3. (a) PRINT FULL NAME MC BRIDE, Alfred
3. (b) If veteran, name war WW-1
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 Myrtle
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July (Month) 12 (Day) 1893 (Year)

8. AGE: Years 54 Months 9 Days 8 If less than one day hr. min.
9. Birthplace Randolph County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Barber
11. Industry or business
FATHER
12. Name John McBride
13. Birthplace ~~Unknown~~ ILL. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Liza Roark
15. Birthplace ~~Unknown~~ ILL. (City, town, or county) (State or foreign country)
16. (a) Informant Registrar, VA Hospital
(b) Address Jefferson Barracks, Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation NATL. CEM. JEFF. BKS. MO
18. (a) Signature of funeral director Kriegshauser Mort.
(b) Address 4228 S. Kingshighway, St. Louis, Mo.
19. (a) 4-29-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1948 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from March 28, 1948, to April 20, 1948 that I last saw h alive on April 20, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY THROMBOSIS WITH ~~ANTERIOR~~ MYOCARDIAL INFARCTION posterior
Due to
Due to - 94a
Other conditions - (Include pregnancy within 3 months of death)
Major findings: Of operations -
Of autopsy No Autopsy performed

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) None
(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 L. E. Stilwell (M. D. ~~XXXXX~~)
Address VAH, Jeff. Brks. Mo. Date signed 4/20/48

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 Richard W. Stovesand

Licensed Embalmer No. 4007

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.