

STANDARD CERTIFICATE OF DEATH

State File No.

27993

7390

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No.

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: Rembert D.O.A. Homer Phillips  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 Yrs.  
(Specify whether in this community years, months or days)

3. (a) PRINT FULL NAME

William McQueary

3. (b) If veteran, name war ----

3. (c) Social Security No. ?

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Martha McQueary 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Unavailable 1887  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Abt. 60 -- - hr. min.

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

10. Usual occupation Janitor

11. Industry or business Apt. Building

12. Name Unavailable

13. Birthplace " " "  
(City, town, or county) (State or foreign country)

14. Maiden name " " "

15. Birthplace " " "  
(City, town, or county) (State or foreign country)

16. (a) Informant Arthur B. McQueary

(b) Address 4255 W. Kennerly

17. (a) Removal (b) Date thereof 8/24/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chicago Illinois

18. (a) Signature of funeral director Charles J. Gatas

(b) Address 4107 Finney Ave.

19. (a) AUG 23 1948 (b) J. F. Budak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County asc  
(c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5374 Delmar Blvd. 9  
(If rural, give location) 0  
(e) Citizen of foreign country? 12 (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19th  
year 1948 hour 4:00 minute P.M. M.

21. I hereby certify that I attended the deceased from 19 to 19;

that I last saw him alive on 19 and that death occurred on the date and hour stated above.

Immediate cause of death: Aortic Regurgitation Duration  
Cardia Hypertrophy

Due to 92

Due to 92

Other conditions: 92  
(Include pregnancy within 3 months of death)

Major findings: Of operations 92

Of autopsy 92

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) 92

(b) Date of occurrence 92

(c) Where did injury occur? 92  
(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) 92  
While at work? (e) Means of injury 92

23. Signature 92 (M. D. or other) 92

Address 1300 Clark Ave. Date signed 8-23-48

**STATEMENT BY LICENSED EMBALMER**

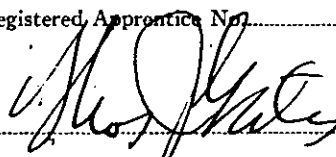
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Thomas J. Gates.....

Registered Apprentice No. ....

working under my personal supervision.

Signed.....



Licensed Embalmer No. 4259.....

P. O. Address. 4107 Finney Ave. ....

**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.**