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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **31235**  
Registrar's No. **7942**

FILED SEP 20 1948

Registration District No. **318**

Primary Registration District No. **1003**

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

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: St. Francis Hospital  
(If not in hospital or institution, write street number and 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 PENNSYLVANIA (b) County 999  
(c) City or town PITTSBURGH 36  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1212 SHERIDAN AVE 2  
(If rural, give location)  
(e) Citizen of foreign country? NO. (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Nissley McNair

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 HELEN McNAIR 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased OCTOBER 5 - 1880  
(Month) (Day) (Year)

8. AGE: Years 67 Months 11 Days 5 If less than one day hr. min.

9. Birthplace MIDDLETOWN PENN.  
(City, town, or county) (State or foreign country)

10. Usual occupation ATTORNEY.

11. Industry or business \_\_\_\_\_

12. Name ALVIN V. McNAIR

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

14. Maiden name MARIAH SWARTZ.

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

16. (a) Informant MRS HELEN McNAIR.

(b) Address 1212 SHERIDAN, PITTSBURGH, PENN.

17. (a) REMOVAL (b) Date thereof 9/10/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PITTSBURGH, PENN.

18. (a) Signature of funeral director D. R. Lupton Sons

(b) Address 7233 DELMAR BLVD.

19. (a) SEP 20 1948 (b) J. F. Brueck  
(Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 9th  
year 1948 hour 6:30 minute \_\_\_\_\_ P. 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 Coronary Occlusion Duration \_\_\_\_\_  
Coronary Sclerosis

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) \_\_\_\_\_  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury 3

23. Signature Alvin V. McNair (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed 9/10/48

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**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 *Clarence A. Murray*

Licensed Embalmer No. *4011*

P. O. Address. *St. Louis, Mo.*

**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.**