Sl No. 2
M-1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 34434

FILED NOV 12 1948

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9559

1. PLACE OF DEATH:
(a) County ~~St. Louis~~
(b) City or town ~~Maplewood~~ St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 2279 Blendon Pl. 1
(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 ~~St. Louis~~ 000
(c) City or town ~~Maplewood St. Louis~~ 17
(If outside city or town limits, write "RURAL")
(d) Street No. 2279 Blendon Pl. 9
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME John P. McGinnis
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 Single
6. (b) Name of husband or wife .....
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased August 7, 1874 (Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 24 If less than one day ..... hr. ..... min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country)
10. Usual occupation Retired
11. Industry or business Railway Express Co.
MOTHER FATHER
12. Name Arthur McGinnis
13. Birthplace Ireland (City, town, or county) (State or foreign country) 4
14. Maiden name Catherine Broderick
15. Birthplace Ireland (City, town, or county) (State or foreign country) 4
16. (a) Informant Michael J. McGinnis
(b) Address 5617 Clemens Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-3-48 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ Calvary Cem
18. (a) Signature of funeral director M. J. Croghan
(b) Address 7146 Manchester
19. (a) NOV 3 1948 (Date received local registrar) (b) J. B. Sasaten (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 31 year 1948 hour 11 minute A. M.
21. I hereby certify that I attended the deceased from Sept 1 1948, to Oct 31 1948, that I last saw him alive on Oct 31 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	8 hrs.
Due to: Hypertension	2 yrs
Due to:	
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) .....
(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 C. A. White, MD (M. D. or other)
Address 634 N. Grand Date signed 11/2/48

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

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

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.