

FILED DEC 4 1948
Registration District No. **278**

Primary Registration District No. **2002**

Registrar's No. **2622**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town University City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
559 Stratford
(If not in hospital or institution, write street number of location)

(d) Length of stay: In hospital or institution..... (Specify whether)

In this community..... (Specify whether
years, months or days)

3: (a) PRINT FULL NAME Frank P. Mc.Gill

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 Widower

6. (b) Name of husband or wife Catherine Mc.Gill

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

7. Birth date of deceased June 29 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>78</u>	<u>4</u>	<u>12</u> hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Printer

11. Industry or business Himself

12. Name Eugene Mc.Gill

13. Birthplace Ireland
(State or foreign country)

14. Maiden name Mary Mullen

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

16. (a) Informant Mr. Francis E. Mc.Gill

(b) Address 559 Stratford

17. (a) Burial (b) Date thereof 11-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) *Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Cullinane Bros.

(b) Address 3320 N. Kingshighway Blvd.

19. (a) 11-12-48 (b) Paul A. Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town University City
(If outside city or town limits, write "RURAL")

(d) Street No. 559 Stratford
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1948 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from Aug, 1948 to Nov 11, 1948
that I last saw him alive on 11-10-48, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Duration 3 mths

Due to..... 46 yr

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.....

23. Signature P. D. Combs (M. D. or other) M. D.

Address 4952 Woodford Date signed 11-14-48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed Fred Frick

Licensed Embalmer No. 3186

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.