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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6432

State File No. \_\_\_\_\_

FILED MAR 5 1949

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 1671

|   |                        |  |  |
|---|------------------------|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |                        | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE Illinois b. COUNTY   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis  |                        | c. CITY (If outside corporate limits, write RURAL and give township) Elmhurst  |  |
| c. LENGTH OF STAY (In this place)   |                        | d. STREET ADDRESS (If rural, give location) Route #1   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: 3107 Russell Blvd.   |                        |  |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) Clara b. (Middle) c. (Last) McGill   |                        | 4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1949  |  |
| 5. SEX Female   | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   | 8. DATE OF BIRTH March 22, 1894  |
| 9. AGE (In years last birthday) 54  |                        | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework   | 11. BIRTHPLACE (State or foreign country) Leslie, Missouri                 |
| 10a. USUAL OCCUPATION   |                        | 10b. KIND OF BUSINESS OR INDUSTRY  | 12. CITIZEN OF WHAT COUNTRY? U.S.  |
| 13a. FATHER'S NAME Rudolph Wildhaber  |                        | 13b. MOTHER'S MAIDEN NAME Magdalen Sturhahn  | 14. NAME OF HUSBAND OR WIFE Albert McGill                                  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No   |                        | 16. SOCIAL SECURITY NO. none   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Albert McGill 3107 Russell Blvd. |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. |                        | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Colon<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) —<br><br>DUE TO (c) —<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.<br><br>46<br>1501 |  |
| 19a. DATE OF OPERATION  |                        | 19b. MAJOR FINDINGS OF OPERATION Exploratory w/ Chicago Fed int full 7 48  |  |
| 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                        |  |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |                        | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)                            |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)   |                        | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 21f. HOW DID INJURY OCCUR?   |
| 22. I hereby certify that I attended the deceased from Dec 26, 1948, to Feb 10, 1949, that I last saw the deceased alive on Feb 10, 1949, and that death occurred at _____ m., from the cause and of the date stated above.   |                        |  |  |
| 23a. SIGNATURE (Degree or title) Joseph P. Jones  |                        | 23b. ADDRESS 4065-50 Grand   | 23c. DATE SIGNED 2/21/49   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |                        | 24b. DATE Feb. 23-49   | 24c. NAME OF CEMETERY OR CREMATORY Resurrection                            |
| 24d. LOCATION (City, town, or county) (State) St. Louis   |                        | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Pertz Funeral Home, Inc. 3029 Lafayette   |  |
| DATE REC'D BY LOCAL REG. FEB 22 1949  |                        | REGISTRAR'S SIGNATURE J. B. Luster   |  |

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

*ml*

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_

*Gustav W. Dittus*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

*4329*

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.