

FILED MAY 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17883

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3063 Registrar's No. 1159

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>aaa</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (in this place) <u>21 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
		d. STREET ADDRESS (If rural, give location) <u>5406 Robert</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Delmar</u>	b. (Middle) <u>Cecil</u>	c. (Last) <u>McNees</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>May 9, 1949</u>

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11, 1927</u>	9. AGE (In years last birthday) <u>21</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Metal Polisher</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Metal Plating</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		

13a. FATHER'S NAME <u>Cecil McNees</u>	13b. MOTHER'S MAIDEN NAME <u>Elvera Epple</u>	14. NAME OF HUSBAND OR WIFE <u>Helen Weber McNees</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War Two</u>	16. SOCIAL SECURITY NO. <u>492-22-5777</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Helen Weber McNees</u>	ADDRESS <u>5406 Robert Ave.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral concussion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hemorrhage of adrenal glands</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>open verdict</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>St. Louis Co, Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5-8-49 9:30 a.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Struck by auto.</u> 96

22. I hereby certify that I attended the deceased from 5-8-, 1949 to 5-9-, 1949 that I last saw the deceased alive on 5-9-, 1949, and that death occurred at 2:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Delmar L. Herlihy</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>601 Brentwood, Clayton</u>	23c. DATE SIGNED <u>5-11-49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 12, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pilgrim's Rest</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>5-11-49</u>	REGISTRAR'S SIGNATURE <u>Theresa V. Lunge</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Beiderwieden F. Home, Inc.</u>	ADDRESS <u>1936 St. Louis Ave.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....

..... Student Embalmer No.

..... working under my personal supervision.

Student
Student Embalmer

Signed

Walter Paulson

Licensed Embalmer No. 4114

P. O. Address 1936 87th 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.