

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1950

35086
8569

State File No.

Registrar's No.

318 1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) 5707 Mc Pherson Ave.,	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHNS HOSPITAL		5	
3. NAME OF DECEASED (Type or Print) a. (First) CRAIG		b. (Middle)	
c. (Last) MacQUAID.		4. DATE OF DEATH (Month) (Day) (Year) OCT. 10, 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 21 1870
9. AGE (to years last birthday) 80		10. AGE (to years last birthday) Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, and if retired) Retired, United Bank & Trust Co		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Canton - Illinois		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME James MacQuaid		13b. MOTHER'S MAIDEN NAME Mintie Craig	
14. NAME OF HUSBAND OR WIFE Ada E. MacQuaid		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. no		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ada MacQuaid; 5707 McPherson Ave.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		II. OTHER SIGNIFICANT CONDITIONS		6 days	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c) Coronary Occlusion			
Conditions contributing to the death but not related to the disease or condition causing death.					

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)		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? 4201	

22. I hereby certify that I attended the deceased from 10-5, 1950, to 10-10, 1950, that I last saw the deceased alive on 10-9, 1950, and that death occurred at 6 A. m., from the causes and on the date stated above.

23a. SIGNATURE H. L. Tomblinson		23b. ADDRESS 634 N. Paul St. Louis Mo.		23c. DATE SIGNED 10-10-50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremeration		24b. DATE 10-12-50		24c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo		25. FUNERAL DIRECTOR'S SIGNATURE C. R. Lupton & Sons		ADDRESS 7233 Delmar Blvd;	
DATE REC'D BY LOCAL REG. OCT 10 1950		REGISTRAR'S SIGNATURE [Signature]			

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 Melvin L. Kemper

Signed _____
Student Embalmer

Licensed Embalmer No. 405-2

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.