No. 300
10.48

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

FILED NOV 17 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38773

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 100 Registrar's No. 9437

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Pacific Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILL
b. COUNTY: ST CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAST ST LOUIS 8120
d. STREET ADDRESS (If rural, give location): 1642 CLEVELAND AVE 8

3. NAME OF DECEASED (Type or Print): a. (First) Hamilton b. (Middle) C. c. (Last) McBride

4. DATE OF DEATH (Month) NOV (Day) 4 (Year) 1950

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED

8. DATE OF BIRTH SEPT 16 1894

9. AGE (In years last birthday) 56 — 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): MACHINIST

10b. KIND OF BUSINESS OR INDUSTRY: RAIL ROAD STEAM

11. BIRTHPLACE (State or foreign country): CAMPBELL HILL ILL

12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME UNKNOWN

13b. MOTHER'S MAIDEN NAME UNKNOWN

14. NAME OF HUSBAND OR WIFE ALMIRA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WORLD (If yes, give war or dates of service) WAR I

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S SIGNATURE OR NAME Almira McBride — **ADDRESS** 1642 Cleve

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
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 ☐ NO ☒

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? NO X

22. *I hereby certify that I attended the deceased from* Sept 29, 1950, *to* Nov. 4, 1950, *that I last saw the deceased alive on* Nov. 4, 1950, *and that death occurred at* 8 30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE L. F. Winkler (Degree or title) M.D.

23b. ADDRESS Missouri Pacific Hosp.

23c. DATE SIGNED 11/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) E. ST LOUIS

24b. DATE NOV 6 1950

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) East St Louis, Ill (State)

DATE REC'D BY LOCAL REG. NOV 7 1950

REGISTRAR'S SIGNATURE J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE Robins Funeral Home — **ADDRESS** E St Louis

(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.....

.....

working under my personal supervision.

Student Embalmer No.....

Signed Frank Prokopf

Signed.....
Student Embalmer

Licensed Embalmer No. 4356

P. O. Address St Louis M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.