

No. 300
10-28

FILED JUN 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18960

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 2408

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant, Mo.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Florissant, Mo.	
c. LENGTH OF STAY (in this place) 26 yrs		d. STREET ADDRESS (If rural, give location) 302 Castello St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 Castello St.		d. STREET ADDRESS 302 Castello St.	

3. NAME OF DECEASED (Type or Print) James -- Mc Niff			4. DATE OF DEATH June 10 1951		
a. (First)		b. (Middle)		c. (Last)	

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 11, 1867	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days	IF UNDER 1 MIN. Mins.
-----------------	---------------------------	---	---------------------------------------	---	------------------------	-----------------------	-----------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman	10b. KIND OF BUSINESS OR INDUSTRY Fire Protection	11. BIRTHPLACE (State or foreign country) Unknown Ireland	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	--	--	--

13a. FATHER'S NAME Patrick Mc Niff	13b. MOTHER'S MAIDEN NAME Mary Ford	14. NAME OF HUSBAND OR WIFE Minnie Mc Niff
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Minnie McNiff	ADDRESS Florissant, Mo.
---	-------------------------------------	--	--------------------------------

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yrs.
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach		
	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. Degenerative Cardiovascular disease & decompensation		2 yrs.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 15ix	20. AUTOPSY? 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) m.	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 **Nov 1948**, to **Jun 10 1951**, that I last saw the deceased alive on **10 June, 1951**, and that death occurred at **7:00 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title)	23b. ADDRESS 2121 Florissant	23c. DATE SIGNED [Signature]
---	-------------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 12, 1951	24c. NAME OF CEMETERY OR CREMATORY Calvary	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 6-12-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS 3924 N. 20th
---	--	---	-----------------------------

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

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

Neville B. Frohwitter

Signed.....
Student Embalmer

Licensed Embalmer No. 3696

P. O. Address 3934 N. 20th St.

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.