

RECORDED JUL 14 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

20951

State File No.

BIRTH NO. _____ REG. DIST. NO. 162 PRIMARY REG. DIST. NO. 5594 Registrar's No. 61

1500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL-MERAMEC</u> | c. LENGTH OF STAY (in this place) <u>3 yrs 8 mos.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS 4020</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hill INDEPENDENT</u> | | d. STREET ADDRESS (If rural, give location) <u>8138 Church Rd.</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u> b. (Middle) _____ c. (Last) <u>McHALE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 30 1952</u> |
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|-----------------|---------------------------|---|--|---|
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>SEPT. 27, 1863</u> | 9. AGE (In years last birthday) <u>88</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|---|--|---|

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|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED - LABORER</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>FORD MOTOR</u> | 11. BIRTHPLACE (State or foreign country) <u>IRELAND</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>MARTIN McHALE</u> | 13b. MOTHER'S M maiden NAME <u>ANN HAGERTY</u> | 14. NAME OF HUSBAND OR WIFE <u>LOUISA FREESE</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) _____ | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Burton Koch - St. Joseph's Hill Hosp.</u> ADDRESS <u>Excelsior, Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE PNEUMONIA</u> | | INTERVAL BETWEEN ONSET AND DEATH _____ |
| | ANTECEDENT CAUSES DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> | | |
| | DUE TO (c) <u>GENERALIZED ARTERIO-SCLEROSIS</u> | | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|--|--|---|
| 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) <u>4500</u> |
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|---|--|----------------------------------|
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | 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 8/1, 1948 to 6/30, 1952 that I last saw the deceased alive on 6/30, 1952, and that death occurred at 1:40 P.M., from the causes and on the date stated above.

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|--|---|---------------------------------|
| 23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>0</u> | 23b. ADDRESS <u>4323 Roland Drive - Mo - Noemandy</u> | 23c. DATE SIGNED <u>6/30/52</u> |
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|---|--------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) _____ | 24b. DATE <u>July 2 - 1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>7/5/52</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>16223 St. Grand</u> |
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED JUL 7 1952

1952
JUL 7 1952
10 12 09 AM
10 12 09 AM
MISSOURI
HILLSBORO

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 Ben E Hoffman

Licensed Embalmer No. 1536.6

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.