

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10657

40481

BIRTH NO. FILED DEC 12 1952 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10657

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| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | |
| c. LENGTH OF STAY (in this place) <u>5 Days</u> | | d. STREET ADDRESS (If rural, give location) <u>9 2126a E. Adelaide Ave.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>DePaul Hospital</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Harry</u> | b. (Middle) <u>McGinnis</u> | c. (Last) <u>McGinnis</u> |
| 4. DATE OF DEATH (Month) (Day) (Year) <u>November 16, 1952.</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>Nov. 16, 1886</u> |
| 9. AGE (In years last birthday) <u>66</u> | | 10. IF UNDER 1 YEAR: Months <u> </u> Days <u> </u> IF UNDER 1 MRS. Hours <u> </u> Min. <u> </u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Switchman</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri. U</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>George McGinnis</u> | | 13b. MOTHER'S MAIDEN NAME <u>unknown</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Marguerite McGinnis</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | | 16. SOCIAL SECURITY NO. <u>489-20-4258</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Marguerite McGinnis 2126a E. Adelaide</u> | | | |
| 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 <u>1 WEEK</u> | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> | | DUE TO (b) <u>Intense aortic Heart Disease</u> | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Disease</u> | | 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 <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 checked="" type="checkbox"/> | |
| 21f. HOW DID INJURY OCCUR? | | <u>4:20 p.m.</u> | |
| 22. I hereby certify that I attended the deceased from <u>Nov 10</u> , 19 <u>52</u> , to <u>Nov 16</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Nov 16</u> , 19 <u>52</u> , and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Francis J. Medley M.D.</u> | | 23b. ADDRESS <u>911 W. Florissant</u> | |
| 23c. DATE SIGNED <u>11/17/52</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>11-20-52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u> | |
| DATE REC'D BY LOCAL REG. <u>NOV 19 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Earl Smith M.D.</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Math Hermann & Son, Inc.</u> | | ADDRESS <u>2161 E. Fair Ave.</u> | |

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

(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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Walter H. Burnley
Licensed Embalmer No. 4207 D
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.