

STANDARD CERTIFICATE OF DEATH

State File No. _____

No. 300

10-48

FILED FEB 26 1953

318

PRIMARY REG. DIST. NO.

1003

Registrar's No. 1482

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's 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) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 Days		c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		2109	
d. FULL NAME OF HOSPITAL OR INSTITUTION Christian Hospital				d. STREET ADDRESS (If rural, give location) 10 4224 Athlone Ave.			
3. NAME OF DECEASED (Type or Print) John		a. (First)		b. (Middle) J.		c. (Last) McGill	
4. DATE OF DEATH (Month) (Day) (Year) February 6, 1953		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH June 15, 1861		9. AGE (in years last birthday) 91		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY City Employee		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bryan McGill		13b. MOTHER'S MAIDEN NAME Kate O'Connell		14. NAME OF HUSBAND OR WIFE deceased			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 490-18-9273		17. INFORMANT'S SIGNATURE OR NAME Mrs. W. A. Pearce		ADDRESS 4224 Athlone Ave.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. <u>Arteriosclerotic Cardiovascular Disease 2 1/2 years</u> DUE TO (c) <u>1 1/2 years</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1 1/2 years</u>				INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		19c. CITY, TOWN, OR TOWNSHIP St. Louis		19d. COUNTY City	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT, SUICIDE, HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. CITY, TOWN, OR TOWNSHIP St. Louis	
21d. TIME OF INJURY Feb 2 1953 2:49		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>Fell down steps 4221</u>			
22. I hereby certify that I attended the deceased from <u>2/2</u> , 19 <u>53</u> , to <u>2/6</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>2/5</u> , 19 <u>53</u> , and that death occurred at <u>4:00</u> a. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Charles D. Winters M.D.</u>				23b. ADDRESS <u>4020 N. Florissant</u>		23c. DATE SIGNED <u>2/6/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 2-9-53.		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis Co. Missouri.	
DATE REC'D BY LOCAL REG. FEB 7 1953		REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE Math Hermann & Son, Inc.		ADDRESS 2161 E. Fair Ave.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Clement W. Kearney

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.