

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23015  
Registrar's No. 5803

BIRTH NO. FILED JUL 2 - 1953 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo.		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) Life		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 122 North 7th., Street		e. STREET ADDRESS 17 3128 Allen Ave.		f. (If rural, give location) 2177 0	
3. NAME OF DECEASED (Type or Print) Marshall		a. (First) E.		b. (Middle) McTague	
c. (Last) McTague		4. DATE OF DEATH June 10, 1953		(Month) (Day) (Year)	
5. SEX M.		6. COLOR OR RACE W.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.	
8. DATE OF BIRTH May 17, 1906		9. AGE (In years last birthday) 47		10. IF UNDER 1 YEAR 0 Months	
11. IF UNDER 24 HRS. 23 Hours		12. IF UNDER 1 MIN. 0 Min.		13. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Condensation Commissioner, City of St. Louis		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Michael McTague		13b. MOTHER'S MAIDEN NAME Theresa Monteith	
14. NAME OF HUSBAND OR WIFE Mrs. Margaret McTague		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. not known	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Margaret McTague, 3128 Allen Ave.		ADDRESS		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.	
19. DATE OF OPERATION		19a. FATHER'S NAME		19b. MOTHER'S MAIDEN NAME	
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 type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4201		22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10:21 A.M., from the causes and on the date stated above.		23. SIGNATURE (Degree or title) Joseph R. Quinn, M.D.	
23a. SIGNATURE		23b. ADDRESS 1300 Clair		23c. DATE SIGNED 6/10/53	
24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial		24b. DATE June 13, 1953		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	
24d. LOCATION (City, town, or county) (State) St. Louis, Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly		24f. ADDRESS 3840 Lindell Blvd.	
DATE REC'D BY LOCAL REG. JUN 11 1953		REGISTRAR'S SIGNATURE J. Carl Smith, M.D.		FUNERAL DIRECTOR'S SIGNATURE Arthur J. Donnelly	

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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.....  
Signature of Student Embalmer

Signed *Francis Williamson*

Licensed Embalmer No. *3569*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.