

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **37398**  
**9752**

FILED OCT 23 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. \_\_\_\_\_

<b>1. PLACE OF DEATH</b> a. COUNTY _____		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4326 Haven St</b>		d. STREET ADDRESS (If rural, give location) <b>4326 Haven St</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>William</b> b. (Middle) <b>McKinley</b> c. (Last) <b>McGrue</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>10-12-1953</b>		
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	
<b>8. DATE OF BIRTH</b> <b>3-2-1896</b>		<b>9. AGE</b> (In years last birthday) <b>57</b>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Engineer</b>	
<b>10a. USUAL OCCUPATION</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Atlas Cement Co</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Illinois</b>	
<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>					

<b>13a. FATHER'S NAME</b> <b>Harry O. McGrue</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Julia Church</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Rather McGrue</b>	
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>109-10-4373</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Ethel M. &amp; Sons</b>	
				<b>ADDRESS</b> <b>4326 Haven St.</b>	

<b>18. CAUSE OF DEATH</b> 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.			<b>MEDICAL CERTIFICATION</b>			<b>INTERVAL BETWEEN ONSET AND DEATH</b>		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____			<b>Bronchopneumonia</b>			<b>4 days</b>		
			<b>Longestive Heart Failure</b>			<b>1 year</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>Rheumatic Heart Disease</b>			<b>5+ years</b>		

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) _____		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b> <b>416X.</b>	
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**22. I hereby certify that I attended the deceased from 2/17, 1950, to 10/12, 1953, that I last saw the deceased alive on 10/12, 1953, and that death occurred at 5:10 a.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Arnold Schaff</b> (Degree or title) <b>M.D.</b>		<b>23b. ADDRESS</b> <b>457 N. Kingshighway</b>		<b>23c. DATE SIGNED</b> <b>10/12/53</b>	
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) _____		<b>24b. DATE</b> <b>10-14-1953</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Valhalla Crematory</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>7600 St. Charles Rock Road Mo</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>OCT 13 1953</b>		<b>REGISTRAR'S SIGNATURE</b> <b>J. Carl Smith</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>W. J. Gaudin Bros.</b>	
				<b>ADDRESS</b> <b>6409 Gravois Ave</b>	

(Licensed Embalmers' 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

*Law M. Seymour*

Licensed Embalmer No.

*4343*

P. O. Address

*St Louis Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.