

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40829

State File No. ....

FILED DEC 10 1953

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 11467

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 OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 4 Weeks		c. CITY OR TOWN St. Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital		e. STREET ADDRESS (If rural, give location) 5001 N. Broadway					
3. NAME OF DECEASED (Type or Print) Thomas P. McNally			4. DATE OF DEATH December 2, 1953				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed			
8. DATE OF BIRTH February 8, 1877		9. AGE (In years last birthday) 76		10. F UNDER 1 YEAR Months Days			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe Worker		10b. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (City and State or Foreign Country) Missouri			
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown			
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. Unknown			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Paul Schwartz		18. ADDRESS 5001 N. Broadway					
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) <i>art scler. cardio + peripheral vascular disease</i> ANTECEDENT CAUSES DUE TO (b) <i>old age</i> DUE TO (c) <i>chr pulmonary emphysema</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <i>several years</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4221			
22. I hereby certify that I attended the deceased from <i>April 30, 1948</i> , to <i>Dec 2, 1953</i> , that I last saw the deceased alive on <i>Dec 2, 1953</i> and that death occurred at <i>5:00pm.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Wayne O. Gorko MD</i> (Degree or title)			23b. ADDRESS <i>2739 No Grand</i>		23c. DATE SIGNED <i>12-3-53</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE <i>12/5/53</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, County Missouri</i>	
DATE REC'D BY LOCAL REG. <i>DEC 4 1953</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MD</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math. Hermann &amp; Son, Inc. 2161 E. Fair Ave.</i>			

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.....  
Signature of Student Embalmer

Signed *Glenn W. Day*

Licensed Embalmer No. 375

P. O. Address 1936 S. L.

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.