

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44356

FILED DEC 17 1953

State File No.
Registrar's No. **11486**

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 11486		
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 town) ST. LOUIS		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN ST. LOUIS		d. Is Residence within limits of a city (Incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 4857 Greer Ave.				e. STREET ADDRESS (If rural, give location) 6 4857 GREER		2069		
3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) A c. (Last) McGINNIS			4. DATE OF DEATH (Month) (Day) (Year) 12-4-1953					
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 4-7-1875		
9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 4 HRS. Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) 0 MARSHALL, MO		12. CITIZEN OF WHAT COUNTRY? U S	
13a. FATHER'S NAME THOMAS McGINNIS			13b. MOTHER'S MAIDEN NAME KATE CALBERT		14. NAME OF HUSBAND OR WIFE CLARA McGINNIS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO			16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS ROBERT EMMETT McGINNIS 3845a WYOMING			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY INFARCT ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIO SCLEROSIS DUE TO (c) HYPERTENSION				INTERVAL BETWEEN ONSET AND DEATH 12 HRS 5 YEARS 3 YEARS		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 420i				
22. I hereby certify that I attended the deceased from JUNE 1952 , to Dec 3, 1953 , that I last saw the deceased alive on Dec 3, 1953 , and that death occurred at 1:30A.m. , from the causes and on the date stated above.								
23a. SIGNATURE E.S. King M.D. (Degree or title)				23b. ADDRESS 2114 E GRAND.		23c. DATE SIGNED 4 Dec 53		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 12-7-1953		24c. NAME OF CEMETERY OR CREMATORY CATVARY		24d. LOCATION (City, town, or county) (State) ST. LOUIS, MO.		
DATE REC'D BY LOCAL REG. DEC 4 1953		REGISTRAR'S SIGNATURE Carl Smith M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STROOT-CARROLL 4600 NATURAL BRIDGE				

WRITE PLAINLY—USING UNFAADING 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 *M. W. Ruetter*.....

Licensed Embalmer No. *4865*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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