

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

W 1 - 3565

7350

State File No.

FILED MAR 2 1954

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 345

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>Manchester</u>		c. CITY OR TOWN <u>Clayton 4452</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Pine Crest Home</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <u>72 hours</u>		e. STREET ADDRESS (If rural, give location) <u>429 Edgewood ave.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS.</u> b. (Middle) _____ c. (Last) <u>MC BRIDE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-7-54</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>2-13-1874</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>wholesale candy</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Chester, Penn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Eugene McBride</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Grubb</u>	14. NAME OF HUSBAND OR WIFE <u>Eva McBride</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Nursing Home Recordd</u>	ADDRESS _____
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteria Sclerosis</u> DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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 _____
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I hereby certify that I attended the deceased from Feb 6, 1954 to Feb 7, 1954, that I last saw the deceased alive on Feb 6, 1954, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>R. W. Heuser</u> (Degree or title) <u>0 M D</u>	23b. ADDRESS <u>Webster Groves 932 Newport Dr</u>	23c. DATE SIGNED <u>2-8-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2-8-54</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Chester, Penn.</u>
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DATE REC'D BY LOCAL REG. <u>2-8-54</u>	REGISTRAR'S SIGNATURE <u>Newbert R. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Rowland-Aker</u> ADDRESS <u>4104 Manc.</u>
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52W (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.....
Signature of Student Embalmer

Signed..... *J. Allen Davis*
Licensed Embalmer No..... *40*
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.