

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27925

FILED SEP 6 1955

State File No.

318

1003

Registrar's No. 7286

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
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) 10 days		c. CITY OR TOWN St. Louis		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSPITAL				e. STREET ADDRESS (If rural, give location) 19 4301 West Pine 21990			
3. NAME OF DECEASED (Type or Print) LOT		a. (First)		b. (Middle) -		c. (Last) MCALLISTER	
4. DATE OF DEATH		(Month)		(Day)		(Year)	
AUGUST		18		1955			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 8/22/1868	
9. AGE (In years last birthday) 86		IF UNDER 1 YEAR Months 11		IF UNDER 24 HRS. Days 26		Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Buyer		10b. KIND OF BUSINESS OR INDUSTRY Dept. Store		11. BIRTHPLACE (City and State or Foreign Country) Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel E. McAlister			13b. MOTHER'S MAIDEN NAME Nellie McMillan			14. NAME OF HUSBAND OR WIFE - - - - -	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eva McAlister 4301 West Pine			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Myocardial Infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic Heart Disease</i> DUE TO (c) <i>Hypertensive Cardiovascular Disease</i> II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <i>Anemia</i>				INTERVAL BETWEEN ONSET AND DEATH <i>4 hrs</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>420.0</i>				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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>8-6-55</u> , 19 <u> </u> , to <u>8-18-55</u> , 19 <u> </u> , that I last saw the deceased alive on <u>8-18-55</u> , 19 <u> </u> , and that death occurred at <u>12:40 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Robert B. ...</i>				23b. ADDRESS 1515 Lafayette Avenue		23c. DATE SIGNED 8-18-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8/22/1955		24c. NAME OF CEMETERY OR CREMATORY Riverview		24d. LOCATION (City, town, or county) (State) Louisiana Mo.	
DATE REC'D BY LOCAL REG. AUG 20 1955		REGISTRAR'S SIGNATURE <i>Carl ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Carl ...</i> 3840 Lindell Blvd.			

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..... *Francis Will*

Licensed Embalmer No. *356*

P. O. Address... *3840 Lu*

- 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.