

FILED JAN 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
318

42347
State File No. 1003
Registrar's No. 11368

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|---|--|--|---|---|--|--|--|
| 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 Missouri b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN St. Louis | | d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4475 West Pine Blvd | | | | e. STREET ADDRESS (If rural, give location) 4475 West Pine Blvd | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) David c. (Last) McBride | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 26, 1955 | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH April 27, 1887 | |
| 9. AGE (In years last birthday) 78 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Secty | | 10b. KIND OF BUSINESS OR INDUSTRY Bell Tel. Co | | 11. BIRTHPLACE (City and State or Foreign Country) Allegheny, Penn | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | 13a. FATHER'S NAME John Richard McBride | | 13b. MOTHER'S MAIDEN NAME Emilie Schomei | | 14. NAME OF HUSBAND OR WIFE Lillian G. McBride | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes | | 16. SOCIAL SECURITY NO. W.W.1 488-10-4104 | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Lillian G. McBride 4475 W. Pine Bl. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia * This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriolar Nephrosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease | | | | INTERVAL BETWEEN ONSET AND DEATH 72 hrs 2 years 3 years | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 442x | | | | 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) | | 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>May 19, 1949</u> , to <u>Dec. 26, 1955</u> , that I last saw the deceased alive on <u>Dec. 26, 1955</u> , and that death occurred at <u>7:55am.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE C. E. Mueller M.D. | | | | 23b. ADDRESS 634 N. Grand Blvd. | | 23c. DATE SIGNED 12-27-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 28, 1955 | | 24c. NAME OF CEMETERY OR CREMATORY National Cemetery | | 24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo. | |
| DATE REC'D BY LOCAL REG. DEC 27 1955 | | REGISTRAR'S SIGNATURE C. E. Smith M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar Blvd | | | |

(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 *Jos. E. McCulloch*.....

Licensed Embalmer No. *276*
P. O. Address *6175 P.*

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.