

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11094

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3242**

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 OR TOWN) St. Louis		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 4445a Manchester Ave.		e. STREET ADDRESS (If rural, give location) 18 4445a Manchester Ave. 2189 0					
3. NAME OF DECEASED (Type or Print) a. (First) ESTHER		b. (Middle) M.		c. (Last) MCGILVRAY			
4. DATE OF DEATH Mar. 29 1956		5. SEX Female		6. COLOR OR RACE White			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH March 3, 1881		9. AGE (In years last birthday) 75			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.			
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Frank J. Lee		13b. MOTHER'S MAIDEN NAME Anna Johnson			
14. NAME OF HUSBAND OR WIFE Late William D. McGilvray		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None		16. SOCIAL SECURITY NO. None			
17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Duncan		ADDRESS 7423 Bruno Ave.					
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>Cardiac Decompensation</i> ANTECEDENT CAUSES (b) <i>Arteriosclerotic Heart Disease</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) 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>1 1/2</i> <i>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			
22. I hereby certify that I attended the deceased from <i>1947</i> to <i>29-Mar-56</i> , that I last saw the deceased alive on <i>28-Mar-56</i> and that death occurred at <i>2:00 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Esther Duncan</i>		(Degree or title) <i>Mrs</i>		23b. ADDRESS <i>4501 1/2 Manchester</i>			
23c. DATE SIGNED <i>30-Mar-56</i>		24a. BURIAL, CREMATION, OR REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar. 31, 1956</i>			
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>					
DATE REC'D BY LOCAL REG. <i>MAR 30 1956</i>		REGISTRAR'S SIGNATURE <i>Charles Smith M.D.</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Kriegshauser</i> ADDRESS <i>4228 S. Kingshighway Bl.</i>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

300
48

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed... *William B. White*

Licensed Embalmer No. *4228*

P. O. Address *4228*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.