

FILED APR 6 - 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11924**
 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **642**

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Normandy</b>		c. LENGTH OF STAY (in this place) <b>26</b> CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Sullivan Nursing Home</b>		e. STREET ADDRESS (If rural, give location) <b>1522a Hogan St. 2267</b>	
3. NAME OF DECEASED a. (First) <b>JOHN</b> (Type or Print)		b. (Middle) <b>WILLIAM</b>	
c. (Last) <b>MC GILL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Mar. 5, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 7, 1876</b>
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pensioner - Stock</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rexall Drug</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Osage County, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Unknown</b>	
13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Grace McGill (Dec'd)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no none</b>		16. SOCIAL SECURITY NO. <b>189-01-1193</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>John Hinson</b>		ADDRESS <b>1522a Hogan St.</b>	
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) <b>Arteriosclerotic Heart disease</b> INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic dementia</b> <b>unknown</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>4200</b>	
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) (Min.) _____	
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 <b>Feb 4</b> , 1956 to <b>March 5</b> , 1956, that I last saw the deceased alive on <b>Feb 27</b> , 1956, and that death occurred at <b>8 A</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Lewis Lettmann MD</b>		23b. ADDRESS <b>8231 Clayton Rd (17)</b>	
23c. DATE SIGNED <b>3/6/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>	
24b. DATE <b>3/7/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>St. Louis, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>JOHN STYGAR &amp; SON - 5541 RIVERVIEW BLVD.</b>	
DATE REC'D BY LOCAL REG. <b>3-6-56</b>		REGISTRAR'S SIGNATURE <b>Herbert A. Romberger</b>	

(Licensed Embalmers 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. M. Rister* .....

Licensed Embalmer No. *39*.....

P. O. Address *St. Louis*.....

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.