

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 25 1956

318

PRIMARY REG. DIST. NO. 1003

State File No. 21976

Registrar's No. 5614

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. 5614	
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 (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 24 2719 Chippewa Street			
3. NAME OF DECEASED (Type or Print) a. (First) James		b. (Middle) Richard		c. (Last) McBride		4. DATE OF DEATH (Month) (Day) (Year) June 11 1956	
5. SEX <input type="radio"/> Male	6. COLOR OR RACE <input type="radio"/> White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input type="radio"/> Married	8. DATE OF BIRTH March 18 1892		9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months _____ Days _____	IF OVER 1 YEAR Years _____ Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman Retired		10b. KIND OF BUSINESS OR INDUSTRY Kregel Casket		11. BIRTHPLACE (City and State or Foreign Country) <input type="radio"/> St Joseph Missouri		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME Hesley McBride		13b. MOTHER'S MAIDEN NAME Sarah Belle		14. NAME OF HUSBAND OR WIFE Tillie			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Tillie McBride 2719 Chippewa Str			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal Cirrhosis 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.				INTERVAL BETWEEN ONSET AND DEATH 12 Mths	
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) 5810			
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 5/4 , 1955, to 6/11 , 1956, that I last saw the deceased alive on 6/11 , 1956, and that death occurred at 4:00 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE Richard L. Bartmick		(Degree or title) M.D.		23b. ADDRESS 7615 So. Broadway		23c. DATE SIGNED 6/12/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/14/56	24c. NAME OF CEMETERY OR CREMATORY St Matthews Cemetery		24d. LOCATION (City, town, or county) (State) St Louis Missouri		
DATE REC'D BY LOCAL REG. JUN 12 1956		REGISTRAR'S SIGNATURE J. C. Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Moydell Funeral Home 1926 Allen Av			

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. _____

me
working under my personal supervision.

Student

Student Embalmer

Signed

George J. Srobocki Jr.

Licensed Embalmer No.

4899

P. O. Address

1926 Allen Ave.

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 this body is not embalmed, fact should be so stated above.