

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37806

FILED NOV 1 1957

STATE FILE NUMBER
10079

Registration District No. 318 Primary Registration District No. 1003

Registrar's No.

S. 300
1-57 0

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Pac. Hosp</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2237 2240 Oregon Av.</i>
3. NAME OF DECEASED (Type or print) First <i>JAMES</i> Middle <i>McGILL</i> Last <i>McGILL</i>		4. DATE OF DEATH Month <i>10</i> Day <i>25</i> Year <i>57</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>4.2.12</i>
9. AGE (In years last birthday) <i>45</i>		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) <i>switchman</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>ILLINOIS</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>		13a. FATHER'S NAME <i>HALLIE Mc GILL</i>	
13b. MOTHER'S MAIDEN NAME <i>HATTIE GOODMAN</i>		14. NAME OF HUSBAND OR WIFE <i>Juanita Rogers</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>yes WW II</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>JUANITA ROGERS</i>		Address <i>2240 OREGON</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute Gastro-intestinal bleeding</i>			INTERVAL BETWEEN ONSET AND DEATH <i>few hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Esophageal varices</i>			<i>several months</i>
DUE TO (c) <i>Cancer of the liver</i>			<i>581.0 about 2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a))			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <i>10.15.57</i> to <i>10.25.57</i> and last saw her alive on <i>10.25.57</i> Death occurred at <i>8.50 A.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Benjamin H. Clarke, Jr. M.D.</i>		22b. ADDRESS <i>Mo. Pac. Hospital - St. Louis</i>	22c. DATE SIGNED <i>26 Oct. 1957</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>OCT. 28 1957</i>		23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <i>NATIONAL CEM.</i>
23d. LOCATION (City, town, or county) <i>JEFFERSON BARRACKS Mo</i>		(State)	
24. FUNERAL DIRECTOR <i>Thomas Kutis 2906 Gravois</i>		25. DATE RECD. BY LOCAL REG. <i>OCT 28 57</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D. M.J.B.</i>

