

STANDARD CERTIFICATE OF DEATH

46083

STATE FILE NUMBER

FILED DEC 19 1957

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11885

Health, Welfare & Public Service

300 1-56

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH <i>Missouri Pacific Employees Hospital, St. Louis, Missouri</i>		USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>St. Louis Missouri</i>		a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis Missouri</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Hospital Missouri</i>		Length of stay in 1b <i>16</i> STREET ADDRESS <i>3761 Meramec St.</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>Joseph Gregory McNamee</i>		4. DATE OF DEATH <i>December 9 1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>October 3 1899</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Stonekeeper - Railroad</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	9. AGE (In years last birthday) <i>58</i>
11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Bernard McNamee</i>		14. MOTHER'S MAIDEN NAME <i>Ann Hartey</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Juliet McNamee</i>		Address (Wife) <i>3761 Meramec St.</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>Pneumonia - Lobar - (Pt upper lobe)</i> DUE TO (b) <i>Carcinoma (Epidermoid) of Larynx & Metastases</i> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Metastatic Carcinoma (B) of Lung & had from primary of Prostate, with metastases</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>161x</i>	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. INJURY OCCURRED WHILE AT WORK <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>December 7/1957</i> to <i>December 9/1957</i> and last saw her alive on <i>December 9/1957</i> . Death occurred at <i>7:40 PM. Dec 9/1957</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Robert H. Endall M.D.</i>		22b. ADDRESS <i>16 Hampton Village St. Louis 9, Mo.</i>	
22c. DATE SIGNED <i>12/10/57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Dec. 12, 1957</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Mt. Hope Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo.</i>	
24. FUNERAL DIRECTOR <i>Kriegshauser 4228 S. Kingshighway</i>		25. DATE RECD. BY LOCAL REG. <i>DEC 11 1957</i>	
26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>			

(Licensed Embalmer's Statement on Reverse Side)

1-2-11

9007

1-3-11

[Faint, illegible text]

[Faint, illegible text]

[Faint, illegible text]

OFFICE OF THE STATE BOARD OF HEALTH

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 *Edwin A. G. Hermit*

Licensed Embalmer No. 30

P. O. Address

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.