

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

46600

STATE FILE NUMBER

FILED JAN 7 1958

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 3192

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO</b> b. COUNTY <b>St. Louis</b>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLAYTON</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>1000 KINLOCH</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>ST. LOUIS COUNTY</b>			Length of stay in 1b <b>8 DAYS</b>		d. STREET ADDRESS (If outside, give location) <b>920 WARREN</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <b>Henderson</b> Middle <b>McGill</b> Last <b>McGill</b>				4. DATE OF DEATH Month <b>12</b> Day <b>15</b> Year <b>1957</b>													
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>COLORED</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>UNKNOWN</b>		9. AGE (In years last birthday) <b>ABOUT 73</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>LABORER</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		11. BIRTHPLACE (City and state or country) <b>BATEFULL, MISS.</b>				12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13. FATHER'S NAME <b>WEST McGill</b>						14. MOTHER'S MAIDEN NAME <b>ALICE WALLS</b>											
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>				16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT <b>Goldie McGill</b>		Address <b>920 Warren</b>									
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>												INTERVAL BETWEEN ONSET AND DEATH <b>12/6/57</b>					
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b) <b>Arteriosclerotic Heart Disease</b>		<b>12/15/57</b>			
												DUE TO (c) <b>4/200</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).												19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" 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 <b>6:30</b> a. m. <b>P</b> Month <b>12</b> Day <b>15</b> Year <b>1957</b>			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 <b>CLAYTON</b>			COUNTY <b>ST. LOUIS</b>			STATE <b>MO</b>		
21. I attended the deceased from <b>12-6-1957</b> to <b>12-15-1957</b> and last saw <sup>her</sup> <del>him</del> alive on <b>12-15-1957</b> Death occurred at <b>6:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE <b>Angela A. Spano M.D.</b> (Degree or title)						22b. ADDRESS <b>6015 Brentwood</b>			22c. DATE SIGNED <b>12/16/57</b>								
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>			23b. DATE <b>12-21-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OAKDALE CEMETARY</b>			23d. LOCATION (City, town, or county) (State) <b>LETAI COUNTY MO.</b>									
24. FUNERAL DIRECTOR <b>McCLAIN</b>				ADDRESS <b>4251 WASHINGTON</b>		25. DATE RECD. BY LOCAL REG. <b>12-17-57</b>		26. REGISTRAR'S SIGNATURE <b>Herbert R. Donche M.D.</b>									

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 *Leroy W. Gannister* .....

Licensed Embalmer No. *452*

P. O. Address *4251 Wood*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.