Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-007532
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1876

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Incarnate Word Hosp. — Length of stay in 1b 3½ yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY
c. CITY OR TOWN St. Louis 8, — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 4405 W. Pine Blvd. — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First MR. JAMES Middle (NMN) Last MACNISH

4. DATE OF DEATH Month February Day 16 Year 1958

5. SEX M.
6. COLOR OR RACE W.
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]
8. DATE OF BIRTH December 29 1874
9. AGE (In years last birthday) 83 — 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) Treasurer (retired)
10b. KIND OF BUSINESS OR INDUSTRY Barnhart Merc. Co.
11. BIRTHPLACE (City and state or country) Berlin, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James (nmn) Macnish
13b. MOTHER'S MAIDEN NAME Sarah Megran
14. NAME OF HUSBAND OR WIFE Lucile Martin Macnish

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 493-07-1941
17. INFORMANT Dr. James M. Macnish, Address 229 Bompart 19

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 420.1
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 [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
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 2-11-58, to 2-16-58 and last saw ~~her~~ him alive on 2-16-58
Death occurred at 11:15 a.m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Frank Simon, M.D.
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 2-17-58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Feb. 18 1958
23c. NAME OF CEMETERY OR CREMATORY St. Matthews Cem.
23d. LOCATION (City, town, or county) St. Louis, (State) Missouri

24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar Blvd.
25. DATE RECD. BY LOCAL REG. FEB 17 '58
26. REGISTRAR'S SIGNATURE Carl Smith MD MJB.

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

Dr. Jerome I. Simon
3720 Washington Ave.
JE. 5-2885
after 2:30

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 Jos. E. McCulloh

Licensed Embalmer No. 2460

P. O. Address 6178 Elm

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.