

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031240

STATE FILE NUMBER

FILED SEP 12 1958

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 2340

300
-57

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY ST LOUIS		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ferguson 4119		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 901 Maurice Ave.		Length of stay in lb YRS	d. STREET ADDRESS (If outside, give location) 901 Maurice Ave.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Cecil Middle Earl Last McGill			4. DATE OF DEATH Month 9 Day 8 Year 58		
5. SEX Male <input type="checkbox"/>	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 1/24/85	9. AGE (In years at birthday) 73	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bus Driver		10b. KIND OF BUSINESS OR INDUSTRY Public Service	11. BIRTHPLACE (City and state or country) Milltown, Ind. 1		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME David McGill		13b. MOTHER'S MAIDEN NAME Lillian Orrell		14. NAME OF HUSBAND OR WIFE Anna M. Anton McGill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No None		16. SOCIAL SECURITY NO. 494-01-1107	17. INFORMANT Address Anna M. McGill 901 Maurice Ave.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary Artery Sclerosis DUE TO (c) 4201 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Signed with permission of Coroner's Office					INTERVAL BETWEEN ONSET AND DEATH 1 day
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 <input type="checkbox"/> Month, Day, Year a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>					
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 Death occurred at 2:35 PM on April 1958 to 9-8-58 and last saw her alive on June 13, 1958 in on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE Carl J. Ker (Degree or title)		22b. ADDRESS 18 S. Kingshighway Blvd.	22c. DATE SIGNED 9-10-58
23a. BURIAL, CREMATION, or other disposition (Specify) Burial	23b. DATE 9/11/58	23c. NAME OF CEMETERY OR CREMATORY Frieden Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis, County, Mo.	
24. FUNERAL DIRECTOR White-Mullen 118 N. Florissant		ADDRESS		25. DATE RECD. BY LOCAL REG. 9-10-58	26. REGISTRAR'S SIGNATURE Wesley P. Donke M.D.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Eleana Bonnie*

Licensed Embalmer No. *3403*

P. O. Address *Jennings, Mo.*

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.