

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS AUG 13 1959

59-026914

2 7246

STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis Mo.</b>	Length of stay in 1b <b>60 Yrs.</b>	c. CITY OR TOWN <b>St. Louis Mo.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>5959 Waterman</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS <b>5959 Waterman</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>George</b> Middle <b>R.</b> Last <b>McNeill</b>			4. DATE OF DEATH Month <b>8</b> Day <b>3</b> Year <b>59</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>3-2-1879</b>	9. AGE (last birthday) <b>80</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Contractor</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Gen. Contractor</b>	11. BIRTHPLACE (City and state or country) <b>Coulterville, Ill.</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>John A. McNeill</b>		13b. MOTHER'S MAIDEN NAME <b>Euphia Robb</b>		14. NAME OF HUSBAND OR WIFE <b>Cora M. McNeill</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, <input checked="" type="checkbox"/> , or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>?</b>	17. INFORMANT Address <b>Cora McNeill 5959 Waterman</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>9 Years</b> DUE TO (b) <b>Hardening of Arteries, Coronary</b> DUE TO (c) <b>Uterine Arterial Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Parity 151X</b>		PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>no</b>	
20c. TIME OF INJURY Hour <b>no</b> Month <b>no</b> Day <b>no</b> Year <b>no</b>	20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.) <b>St Louis</b>	20f. CITY, TOWN, OR LOCATION <b>St Louis</b> COUNTY <b>no</b> STATE <b>no</b>
21. I attended the deceased from <b>last 30 years</b> Death occurred at <b>3130 M 8/3/59</b> on the date stated above, and to the best of my knowledge, from the causes stated.		and last saw her/him alive on <b>8/3/59</b>	
22a. SIGNATURE <b>Frank D. Smith, M.D.</b>		22b. ADDRESS <b>6123 Westmore</b>	22c. DATE SIGNED <b>AUG 5 '59</b>

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Aug 5, 59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Coulterville Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>Coulterville Ill.</b>
24. FUNERAL DIRECTOR <b>McLaughlin 2317 Lafayette Ave</b>		25. DATE RECD. BY LOCAL REG. <b>AUG 5 '59</b>	26. REGISTRAR'S SIGNATURE <b>Loan Smith, M.D.</b>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed James R. Chapin

Licensed Embalmer No. 455

P. O. Address St. Louis

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.