

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027451

FILED VS AUG 3 1959

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 2022 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON</u>		c. CITY OR TOWN <u>MAPLEWOOD</u>	
Length of stay in 1b <u>HRS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST LOUIS COUNTY HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>3446 GREENWOOD BLVD</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Albert</u> <u>Mc</u> <u>Ginnis</u>			4. DATE OF DEATH <u>7-28-1959</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>SEPT. 13, 1922</u>
9. AGE (last birthday) <u>36</u>		IF UNDER 1 YEAR	IF UNDER 24 HR
		Months	Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>CONSTRUCTION</u>	
11. BIRTHPLACE (City and state or country) <u>ST LOUIS, MO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>HUGH McGINNIS</u>		13b. MOTHER'S MAIDEN NAME <u>NELLIE HALBERT</u>	
14. NAME OF HUSBAND OR WIFE <u>VERNELL MCGINNIS</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WW II</u>		16. SOCIAL SECURITY NO. <u>unk.</u>	
17. INFORMANT <u>VERNELL MCGINNIS</u>		Address <u>3446 GREENWOOD</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Extensive brain damage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) gunshot wound of head

DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____

PART III. If deceased was female was there a pregnancy in last 90 days. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) SELF INFLICTED GUN SHOT WOUND

20c. TIME OF INJURY Hour _____ 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 7-28-1959 to 7-28-1959 and last saw her him alive on 7-28-1959

Death occurred at 6:35 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Emil Martini M.D. (Degree or title)

22b. ADDRESS 601 S. Brentwood Clayton

22c. DATE SIGNED 7-30-59

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

23b. DATE 7-31-59

23c. NAME OF CEMETERY OR CREMATORY NATIONAL

23d. LOCATION (City, town, or county) (State) ST LOUIS Co. MO.

24. FUNERAL DIRECTOR M. J. CROGHAN ADDRESS 831 E. BIG BEND

25. DATE RECD. BY LOCAL REG 7-30-59

26. REGISTRAR'S SIGNATURE J. B. Murphy M.D.

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 Harvey Kahle

Licensed Embalmer No. 4596

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.