

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 36 Yrs.	c. CITY OR TOWN St. Louis
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Intire Rock Hospital Inc.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 231 A St. George
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Roland Middle - Last McGilvary			4. DATE OF DEATH Month November Day 8 Year 1960		
5. SEX Male	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 10-14-1899	9. AGE (last birthday) 61	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life) Crossing Watchman		10b. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (City and state or country) Sorento, Ill.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Charles McGilvary		13b. MOTHER'S MAIDEN NAME Ida May		14. NAME OF HUSBAND OR WIFE Clara	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 494109895	17. INFORMANT Clara McGilvary, 231a St. George,	Address St. Louis, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 1 month
IMMEDIATE CAUSE (a)	Cardiac failure, congestive	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	arteriosclerotic heart disease	
DUE TO (b)	420.0	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)	
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20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year
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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
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21. I attended the deceased from **Oct. 27, 1960** to **Nov. 8, 1960** and last saw ^{her}him **alive** on **10:30 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

Death occurred at _____

22a. SIGNATURE R. C. Treiman, MD	(Degree or title)	22b. ADDRESS 1755 S. Grand Blvd	22c. DATE SIGNED 11/9/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 11/10/60	23c. NAME OF CEMETERY OR CREMATORY Forkway	23d. LOCATION (City, town, or county) Marquand, Missouri.
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24. FUNERAL DIRECTOR McLaughlin Funeral Home	ADDRESS St. Louis, Mo.	25. DATE RECD. BY LOCAL REG. NOV 10 1960	26. REGISTRAR'S SIGNATURE Roald Smith, M.D.
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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 _____

Licensed Embalmer No. 45

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.