

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH - 61-003384

ED VS JAN 16 1961 AMENDED Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 305 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis (18)		Length of stay in 1b 9 days		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Alexian Bros. Hosp.				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8426 Minnesota Ave. (11)	
3. NAME OF DECEASED (Type or print) First Middle Last JOHN RAYMOND McFALL				4. DATE OF DEATH Month Day Year Jan. 9, 1961			
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/18/01	9. AGE (last birthday) 59	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10b. KIND OF BUSINESS OR INDUSTRY Soulard Market		11. BIRTHPLACE (City and state or country) Kokomo Ind.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Alvin J Mc Fall			13b. MOTHER'S MAIDEN NAME Pearl Bussman			14. NAME OF HUSBAND OR WIFE Julia Mc Fall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W. War #1			16. SOCIAL SECURITY NO.		17. INFORMANT Address Julia Mc Fall 8426 Minnesota 11 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) Generalized pneumonitis with esophageal-tracheal fistula 2 days DUE TO (b) Primary Carcinoma of Esophagus 8 mos. DUE TO (c) 150x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. Deceased was female was here a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown							
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.)			
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 June 1960 to Jan. 9, 1961 and last saw him live on Jan 8 - 1961 Death occurred at 7:35 A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) George A. O. Sullivan, M.D.				22b. ADDRESS 7629 Ivory Ave		22c. DATE SIGNED 1-10-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1/12/61	23c. NAME OF CEMETERY OR CREMATORY National Cemetery		23d. LOCATION (City, town, or county) Jefferson Barracks Mo.			
24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan Ave.			25. DATE RECD. BY LOCAL REG. JAN 11 1961		26. REGISTRAR'S SIGNATURE Earl Smith, M.D.		

DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

Dr. Geo. A. O'Sullivan
76 W. Every Ave.
Albany - 1742

Dr. Mrs. Sullivan
3720 Washington Ave
Jan 1 - 1732

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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

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.