

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-022883
STATE FILE NUMBER

AMENDED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5479**

FILED JUN 16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri		c. CITY OR TOWN <i>St. Louis mo</i>	
Length of stay in 1b		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital give location) HOSPITAL OR INSTITUTION St. Louis, Missouri		d. STREET ADDRESS (If outside, give location) 2409 Lafflin	
Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Georgia Middle Ella Last McGaw			4. DATE OF DEATH Month June Day 9th Year 1961			
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5. SEX Female	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH 1-7-1895	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY <i>Deneeka work</i>	11. BIRTHPLACE (City and state or country) <i>Leffington miss</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A</i>
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13a. FATHER'S NAME <i>Lynch Mc New</i>	13b. MOTHER'S MAIDEN NAME <i>Betty</i>	14. NAME OF HUSBAND OR WIFE <i>Phillips</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO	17. INFORMANT <i>Mary Leaks 2409 Lafflin ave</i> Address
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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: IMMEDIATE CAUSE (a) <i>intracerebral hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c) <i>331x</i>	

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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 Month, Day, Year a.m. p.m.	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 June 2, 1961 to June 9th, 1961 and last saw her alive on June 9th, 1961 Death occurred at 5:45 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <i>Thos. J. McGonagle</i> (Name or title) M.D.	22b. ADDRESS 1515 Lafayette Avenue	22c. DATE SIGNED 6-10-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	23b. DATE 6-15-61	23c. NAME OF CEMETERY OR CREMATORY <i>Green Wood Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Mo</i>
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24. FUNERAL DIRECTOR <i>Thomas Jackson</i> ADDRESS <i>2741 Duquesne</i>	25. DATE RECD. BY LOCAL REG. JUN 12 1961	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>
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FILED JUN 16 1961
DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF
ITEM NO.

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 Leroy W. Pannister

Licensed Embalmer No. 4523

P. O. Address 4251 Wood

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.