

DEC 13 1939 791

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: 1003
 (a) County 2
 (b) City or town St. Louis
 (c) Name of hospital or institution: 4349 Itaska St.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County 1
 (c) City or town St. Louis 15
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4349 Itaska St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Arthur J. McGinnis 252
 3. (c) Social Security No. 714-14-6819
 3. (b) If veteran, name war None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov. day 19th.
 year 1939 hour 10 minute 0 M.
 21. I hereby certify that I attended the deceased from 1934
 _____, 19____, to Nov 19, 1939
 that I last saw him alive on Nov 18, 1939
 and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.
 6. (b) Name of husband or wife Marie McGinnis 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased Aug. 7, 1872
 (Month) (Day) (Year)

Immediate cause of death Acute indigestion 1 hr
 Duration

8. AGE: Years Months Days If less than one day
67 3 12 hr. _____ min.

Due to Food failing to digest
 Due to _____
 Other conditions Chronic myocarditis 2 yrs
 (Include pregnancy within 3 months of death)
 Major findings: _____
 Of operation _____
 Of autopsy _____

9. Birthplace St. Louis Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Supervisor
 11. Industry or business R.R. Express Co. 0

MOTHER FATHER
 12. Name John McGinnis
 13. Birthplace Ireland 5
 (City, town, or county) (State or foreign country)
 14. Maiden name Catherine Broderick
 15. Birthplace Ireland
 (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work _____ (Specify type of place) (e) Means of injury _____

16. (a) Informant's own signature Mrs. Marie McGinnis
 (b) Address 4349 Itaska St.

17. (a) Burial (b) Date thereof 11-22-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Sunset Burial Park

23. Signature John J. Donnelly (M. D. or other)
 Address Spasa Jozova Date signed 11/20/39

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd.

19. (a) NOV 20 1939 (b) _____
 (Date received local registry) (Registrar's signature)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DR. JOHN C. CORNELL
5005a Gravois Ave.
Rt. 5475

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Alfred J. Boecker*.....
Licensed Embalmer No. *2663*.....
P. O. Address *4204 Prairie*.....

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 this body is not embalmed, above space should be left blank.