No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

19873

State File No. 5234

FILED JUN 29 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No.

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17
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St Anthony's Hospital O (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days)
In this community Life

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County — 8 11 9
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1244 McLaran (If rural, give location)
(e) If foreign born, how long in U. S. A.? — 0 years.

3. (a) PRINT FULL NAME John J. McNIFF
3. (b) If veteran, name war No
3. (c) Social Security No.
4. Sex Male O
5. Color or race White
6. (a) ~~Single, widowed~~, married, ~~divorced~~ 1
6. (b) Name of husband or wife Rose McNIFF
6. (c) Age of husband or wife if alive years
7. Birth date of deceased August (Month) 15 (Day) 1881 (Year)

8. AGE: Years 60 Months 10 Days 1 If less than one day hr. 92 min.

9. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Police Officer
11. Industry or business
FATHER
12. Name Peter McNiff
13. Birthplace Canada (City, town, or county) 2 (State or foreign country)
MOTHER
14. Maiden name Mary Fitzgerald
15. Birthplace St Louis (City, town, or county) Missouri (State or foreign country)
16. (a) Informant C. O'Leary
(b) Address 1356 McCutcheon
17. (a) (Burial, ~~cremation, or removal~~) (b) Date thereof 6-18 (Month) (Day) 42 (Year)
(c) Place: burial ~~or cremation~~ Calvary Cemetery
18. (a) Signature of funeral director St Louis Funeral Home
(b) Address 2205 St Louis Ave
19. (a) JUN 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16 year 1942 hour 1 minute 15 a. M.
21. I hereby certify that I attended the deceased from 2nd May, 1942, to 16 June, 1942, that I last saw him alive on 15 June, 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Dilatation Heart	12 hrs
Due to Recent L Ventricular sub-endocardial hemorrhage	12 h
Due to old infarction L ventricle about 6 wks ago	
Other conditions — (Include pregnancy within 3 months of death)	

Major findings: Of operations none
Of autopsy acute dilatation heart sub endocardial hemorrhage old infarct

PHYSICIAN
Underline the cause to which death should be charged statistically.

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? (Specify type of place) —
While at work? (e) Means of injury —
23. Signature Charles M Bauman (M. D. or ~~other~~)
Address St Louis Mo Date signed 6/17/42

844 (Licensed Embalmer's Statement on Reverse Side)

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 J Wm Dunbley

Licensed Embalmer No. 3657

P.O. Address St Louis Mo

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, fact should be so stated above.