

FILED JUL 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **21383**  
**5342**  
Registrar's No.

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

6-28-49  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MO</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS, MO</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>4220 Maryland Ave</b>		d. STREET ADDRESS (If rural, give location) <b>19 = 4220 Maryland Ave</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b> b. (Middle) c. (Last) <b>McGregor</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>6 17 49</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>Sept 2, 1886</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CONSTRUCTION ENGINEER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Indianapolis, Indiana</b>
13a. FATHER'S NAME <b>Charles McGregor</b>		13b. MOTHER'S MAIDEN NAME <b>CARRIE ANDERSON</b>	14. NAME OF HUSBAND OR WIFE <b>MARGARET Mcgregor</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
17. INFORMANT'S SIGNATURE OR NAME <b>MARGARET Mcgregor</b>		ADDRESS <b>4220 Maryland</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (b) _____		DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>940</b>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>H201</b>

22. I hereby certify that I attended the deceased from **7/4**, 19**49**, to **7/17**, 19**49**, that I last saw the deceased alive on **7/28**, 19**49**, and that death occurred at **1:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Arthur G. Faneel</b> (Degree or title) <b>M.P. O</b>	23b. ADDRESS <b>624 N. Union</b>	23c. DATE SIGNED <b>6/20/49</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>6-21-1949</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lake Charles Cem.</b>
DATE REC'D BY LOCAL REG. <b>JUN 21 1949</b>	REGISTRAR'S SIGNATURE <b>J. B. Foster</b>	24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS MISSOURI</b>
25. FUNERAL DIRECTOR'S SIGNATURE <b>Bull-Campbell</b>		ADDRESS <b>MORTUARY 4215 Lindell</b>

**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.

Signed Rex P. Campbell

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 3881

P. O. Address W. L. Davis, 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.