

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40830

FILED DEC 10 1953

State File No. ....

11437

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>32 yrs.</b>		c. CITY OR TOWN <b>St. Louis</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>International Shoe Company</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) <b>George</b>		a. (First)		b. (Middle) <b>Thomas</b>	
		c. (Last) <b>McNeill</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 2, 1953</b>	

5. SEX <b>M.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M.</b>	8. DATE OF BIRTH <b>June 18, 1895</b>	9. AGE (in years) <b>58</b>	10. MONTHS <b>5</b>	11. DAYS <b>14</b>	12. IF UNDER 1 YEAR Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk- International Shoe Company</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Huntington, Tenn.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>George McNeill</b>	13b. MOTHER'S MAIDEN NAME <b>Oliva Welsh</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Flora McNeill</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes World War # 1</b>	16. SOCIAL SECURITY NO. <b>489-01-2981</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Flora McNeill, 4245 McPherson Ave.</b>

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocarditis - Chcr.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>2725.</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertension</b>		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>443 X 61</b>

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **11-14, 1953**, to **11-30, 1953**, that I last saw the deceased alive on **11-30, 1953**, and that death occurred at **100 m.**, from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) <b>MD</b>	23b. ADDRESS <b>4500 Blue Island St. St. Louis, Mo.</b>	23c. DATE SIGNED <b>12-3-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Dec. 5, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Louis, Mo.</b>

DATE REC'D BY LOCAL REG <b>DEC 8 1953</b>	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i>	ADDRESS <b>Lindell Blvd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3

**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 *[Signature]*..... Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *[Signature]*.....

Licensed Embalmer No. *459*

P. O. Address *[Signature]*

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.

THE DIVISION OF HEALTH OF MISSOURI  
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Registrar's No. 11437

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

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Item 13b corr. by aff. from fun. home - 6-5-81

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township)		c. STATE Mo.	
St. Louis		d. COUNTY	
e. LENGTH OF STAY (in this place)		3. NAME OF DECEASED	
32 yrs.		a. (First) George	
4. FULL NAME OF HOSPITAL OR INSTITUTION		b. (Middle) Thomas	
International Shoe Company		c. (Last) McNeill	
5. STREET ADDRESS		4. DATE OF DEATH (Month) (Day) (Year)	
19 4245 McPherson Ave.		Dec. 2, 1953	
6. SEX	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years and months)
M.	Divorced	June 18, 1895	58
10. USUAL OCCUPATION (Give kind of work done during part of working life, except if retired)	11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?	
Clerk—International Shoe Company	Huntington, Tenn.	U.S.	
13a. FATHER'S NAME	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
George McNeill	Olivia Walsh	Mell Jones Mrs. Flora McNeill	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS	
Yes World War # 1	489-01-2981	Mrs. Flora McNeill, 4245 McPherson Ave.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocarditis. Chcr.		1725
2. ANTECEDENT CAUSES	Hypertension		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	DUE TO (b)		
	DUE TO (c)		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	
		4432	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR	
22. I hereby certify that I attended the deceased from 11-14, 1953, to 11-30, 1953, that I last saw the deceased alive on 11-30, 1953, and that death occurred at 10 P.M., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title)		23b. ADDRESS	23c. DATE SIGNED
J. Earl Smith, M.D.		4500 Olive St. St. Louis, Mo.	11-3-53
24a. FUNERAL, CREMATION, BURIAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Dec. 5, 1953	Calvary Cemetery	St. Louis, Mo.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	FEDERAL DIRECTOR'S SIGNATURE		ADDRESS
DEC 8 1953	J. Earl Smith, M.D.		Lindell Blvd.

6-5-81