

XC # 1621 43 86

REG # 11782

SL # 797

FILED JAN 26 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2847

2847

436

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). a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town or township) 915 N. GRAND, ST. LOUIS, MO.		c. CITY OR TOWN ST. LOUIS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 86 DAYS		e. STREET ADDRESS (If rural, give location) 3007 PARK 2189	
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.			
3. NAME OF DECEASED (Type or Print) a. (First) NEIL		b. (Middle) K	
c. (Last) MC GREW		4. DATE OF DEATH (Month) (Day) (Year) 1-12-56	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-1-17
9. AGE (In years last birthday) 39		10. YEAR (Month) (Day) (Year)	11. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PARIS MAN		10b. KIND OF BUSINESS OR INDUSTRY GENERAL MOTORS	11. BIRTHPLACE (City and State or Foreign Country) FLORA, ILLINOIS
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME RAY J. MC GREW	
13b. MOTHER'S MAIDEN NAME ARMINA GULLITT		14. NAME OF HUSBAND OR WIFE SARAH MC GREW	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW II	16. SOCIAL SECURITY NO. 492-09-4878	17. INFORMANT'S SIGNATURE OR NAME ADDRESS VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4-1/2 yrs
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HODGKINS DISEASE		ANTECEDENT CAUSES		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
DUE TO (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 11-10-55	19b. MAJOR FINDINGS OF OPERATION Hodgkins Disease and enlarged Spleen	20. AUTOPSY? YES <input checked="" 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)
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?

22. I hereby certify that I attended the deceased from 10-18-55, 19\_\_ to 1-12-56, 19\_\_, and that death occurred at 11:10 Pm., from the causes and on the date stated above.

23a. SIGNATURE J. T. Kaminski (Degree or title)	23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI	23c. DATE SIGNED 1-13-56
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24a. BURIAL/CREMATION REMOVAL (Specify) Removal	24b. DATE 1-13-56	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) Flora, Illinois
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DATE REC'D BY LOCAL REG. JAN 13 1956	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe 4700 Washington,
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Etton R. Remelme*.....

Licensed Embalmer No. *4383*.....

P. O. Address *St. Louis*.....

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.