

FILED JUN 20 1957

STANDARD CERTIFICATE OF DEATH

'57 0 227 02

STATE FILE NUMBER 5544

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institutional Residence before admission) a. STATE Missouri b. COUNTY <input checked="" type="checkbox"/>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN St. Louis		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF HOSPITAL OR INSTITUTION 01 4567 Adelaide Ave.		Length of stay in 1b Years 29		STREET ADDRESS 29 4567 Adelaide Ave.		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last Joseph P. McGinnis				4. DATE OF DEATH Month Day Year June 12, 1957				
5. SEX male		6. COLOR OR RACE white		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Jan. 8, 1889		
9. AGE (In years to birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Switchman			10b. KIND OF BUSINESS OR INDUSTRY Wabash Railroad		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME George McGinnis				14. MOTHER'S MAIDEN NAME Catherine Sherlock				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Linda McGinnis, 4567 Adelaide Ave.,			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u> DUE TO (b) <u>Hypertension, severe</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 334X							INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>1 year</u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from <u>7-5-56</u> to <u>PRESENT</u> and last saw her/him alive on <u>4-29-57</u> Death occurred at <u>5:15 PM.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>B. O. Fish M.D.</u>				22b. ADDRESS <u>634 N. Grand St. Louis Mo</u>		22c. DATE SIGNED <u>6-13-57</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE <u>6-15-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery.</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri.</u>		
24. FUNERAL DIRECTOR Math Hermann & Son, Inc. 2161 E. Fair				ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JUN 14 '57</u>		
				26. REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u>				

(Licensed Embalmer's Statement on Reverse Side)

Public Health Service

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined
by me, or by, Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Clement McNeary*.....

Licensed Embalmer No. *37*

P. O. Address *A. L. ...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.