

FILED FEB 4 1958

STANDARD CERTIFICATE OF DEATH

478602  
STATE FILE NUMBER

Registration District No. **318** Primary Registration District No. **1003** Registration No. **12664**

|  |   |   |  |  |   |
|--|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY   |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)        |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>   |   |   | c. CITY OR TOWN <b>Saint Louis 23</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>              |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Barnes Hospital</b>   |   |   | Length of stay in lb<br><b>D O A</b>   |  | 27 STREET ADDRESS <b>4263 Heidelberg</b>  |
| 3. NAME OF DECEASED (Type or print)<br>First <b>James</b> Middle <b>L</b> Last <b>McGinnis</b>   |   |   | 4. DATE OF DEATH<br>Month <b>12</b> Day <b>30</b> Year <b>1957</b>                           |  |   |
| 5. SEX<br><b>M</b>   | 6. COLOR OR RACE<br><b>W</b>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>January 8, 1913</b>   | 9. AGE (In years last birthday)<br><b>44</b>                                   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>District Salesmanager</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Allegheny Ludlum Steel</b>  |  | 11. BIRTHPLACE (City and state or country)<br><b>Pennsylvania</b>              | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b>   |
| 13. FATHER'S NAME<br><b>William McGinnis</b>   |   |   | 14. MOTHER'S MAIDEN NAME<br><b>Mary Coogle</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><b>Yes W.W. #2</b>   |   | 16. SOCIAL SECURITY NO.<br><b>208-05-8769</b>   | 17. INFORMANT Address<br><b>Margaret McGinnis, 4263 Heidelberg</b>                           |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] <b>Myocardial infarction</b>   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH  |
| PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>   |   |   |  |  |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.   |   |   |  |  |   |
| DUE TO (b)   |   |   |  |  |   |
| DUE TO (c) <b>420.1</b>  |   |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)   |   |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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<br>Hour Month, Day, Year<br>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.)<br><b>Jan. 1956</b> |   | 20f. CITY, TOWN, OR LOCATION   | COUNTY   | STATE   |
| 21. I attended the deceased from <b>9:30 January 14, 1956</b> to <b>present</b> and last saw <del>her</del> <b>him</b> alive on <b>12-30-57</b> .<br>Death occurred at <b>12:30 P.M.</b> at the <b>home</b> stated above; and to the best of my knowledge, from the causes stated. |   |   |  |  |   |
| 22a. SIGNATURE <b>Michael M. Karl (Degree or title)</b><br><i>Michael M. Karl M.D.</i>   |   |   | 22b. ADDRESS<br><b>4652 Maryland</b>   |  | 22c. DATE SIGNED<br><b>12-31-1957</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>Dec. 31, 1957</b>   | 23c. NAME OF CEMETERY OR CREMATORY  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Tarentum, Pennsylvania</b> |   |
| 24. FUNERAL DIRECTOR <b>Hofmeister</b> ADDRESS<br><b>Colonial Mortuary, 6464 Chippewa St.</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>DEC 31 '57</b>   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith, MD</b><br><i>S.P.</i>                         |  |   |

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 *Louis C. Hoffmann*.....

Licensed Embalmer No. *3877*

P. O. Address *7814 S. B...*

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.