

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED APR 6 1962

318

Primary Registration District No. 1003

Registrar's No. 3120

-62-012952

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>ST. LOUIS</i>		c. CITY OR TOWN <i>ST. LOUIS</i>	
c. FULL NAME OF (If NOT in hospital, give location), HOSPITAL OR INSTITUTION <i>HOMER G. PHILLIPS</i>		d. STREET ADDRESS (If outside, give location) <i>2440 CASS</i>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>CLARENCE McGill</i>		4. DATE OF DEATH Month Day Year <i>3 20 62</i>	
5. SEX <i>MALE</i>	6. COLOR OR RACE <i>NEGRO</i>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>11-26-1957</i>
9. AGE (last birthday) <i>4</i>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>NONE</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>NONE</i>	11. BIRTHPLACE (City and state or country) <i>ST. LOUIS, MO.</i>
12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>		13a. FATHER'S NAME <i>GEORGE MCGILL</i>	
13b. MOTHER'S MAIDEN NAME <i>EDNA MAE ABROM</i>		14. NAME OF HUSBAND OR WIFE <i>NONE</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or upgrown) (If yes, give war or dates of service) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NONE</i>	
17. INFORMANT <i>Edna Mae McGill</i>		Address <i>2440 Cass</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiac arrest; cerebral concussion;</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO <i>suffered in fall from window of project to ground</i> DUE TO <i>below about 12:15 p.m., March 19<sup>th</sup> 1962</i>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>accident</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <i>902.0 - 21</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>see above</i>	
20c. TIME OF INJURY Hour <i>12:15</i> a.m. p.m. Month, Day, Year <i>3-19-62</i>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>21 Home</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo</i>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Paul J. Simon</i> (Degree or title) <i>Deputy Coroner</i>		22b. ADDRESS <i>1308 Clark</i>	
22c. DATE SIGNED <i>3/22/62</i>			
23a. BURIAL CREMATION REMOVAL (specify) <i>BURIAL</i>	23b. DATE <i>3-26-62</i>	23c. NAME OF CEMETERY OR CREMATORY <i>WASHINGTON PARK CEM.</i>	23d. LOCATION (City, town, or county) (State) <i>BERKELEY CITY, MO.</i>
24. FUNERAL DIRECTOR <i>McCLAIN</i>		ADDRESS <i>2812 CASS</i>	25. DATE RECD. BY LOCAL REG. <i>MAR 22 1962</i>
			26. REGISTRAR'S SIGNATURE <i>Loan Smith! M.O.</i>

BY AFFIDAVIT OF

**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 Wallace R. Williams  
5135 Lotus

Licensed Embalmer No. 4926

P. O. Address \_\_\_\_\_

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.