

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017553

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1316

**FILED MAY 9 1962**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

4105  
2320

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1246-0

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DATE AMENDED

5/17/62

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

McNally

DOCUMENT

ITEM NO. SHOULD READ

3, 13a, 14, 17 McNally

BY AFFIDAVIT OF Funeral Director

1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)				
a. COUNTY <u>St. Louis</u>			a. STATE <u>Minn.</u>		b. COUNTY <u>Ramsey</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Richmond Hgts.</u>			c. CITY OR TOWN <u>St. Paul</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys' Hosp.</u>			d. STREET ADDRESS <u>705 Linwood Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		5. SEX		
First <u>Carlton</u> Middle <u>F</u> Last <u>McNally</u>			Month <u>April</u> Day <u>28</u> Year <u>1962</u>		Male		
5. 'SEX		6. COLOR OR RACE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/>		8. DATE OF BIRTH	
Male		White		Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		Dec. 7, 1885	
9. AGE (last birthday)		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country)	
76		District Judge		Ramsey Co. Retired		Mass.	
12. CITIZEN OF WHAT COUNTRY		13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE	
U.S.		Hugh McNally McNally		Amelia Burdo		Catherine McNally McNally	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT		Address	
yes		War I		None		McNally Catherine McNally St. Paul, Minn.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:							INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>							<u>1/2 hour</u>
DUE TO (b) <u>Carcinoma of Prostate with</u>							
DUE TO (c) <u>metastasis to spine</u>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)							PART III. If deceased was female was there a pregnancy in last 90 days.
<u>Arteriosclerosis - Chr. Cholecystitis</u>							<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 type="checkbox"/> SUICIDE <input checked="" 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		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.)		20f. CITY, TOWN, OR LOCATION	
Hour <u>5:30</u> a.m. p.m.		Month <u>April</u> Day <u>9</u> Year <u>1962</u>		<u>St. Paul, Minn.</u>		<u>St. Paul, Minn.</u>	
21. I attended the deceased from <u>April 9 1962</u> to <u>April 28 1962</u> and last saw him alive on <u>April 27 1962</u> . Death occurred at <u>5:30 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title)			22b. ADDRESS			22c. DATE SIGNED	
<u>Commuher MD</u>			<u>416 Linden Blvd.</u>			<u>4/28/62</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>B. Removal</u>		<u>May 28 1962</u>		<u>Calvary Cem.</u>		<u>St. Paul, Minn.</u>	
24. FUNERAL DIRECTOR			25. DATE RECD. BY LOCAL REG.		26. REGISTRAR'S SIGNATURE		
<u>Pfitzinger Mortuary Kirkwood 22, Mo.</u>			<u>4-28-62</u>		<u>[Signature]</u>		

USE BLACK INK OR TYPEWRITER RIBBON

**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 Robert J. Gault Jr

Licensed Embalmer No. 4800

P. O. Address Kulmored 12, Mo

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.