

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030248

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7408 STATE FILE NUMBER

FILED JUL 25 1963

VS 300 Rev. 4/59	DATE AMENDED
1	
2 <u>21</u>	
3 <u>2</u>	
4 <u>3</u>	
5 <u>0</u>	
6	
7 <u>0</u>	
8 <u>2</u>	
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10	
11	
12 <u>64-0</u>	
13	
<u>64</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

DOCUMENT

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis, Missouri Length of stay in 1b _____
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jewish Hospital Inside Limits Yes No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY _____
c. CITY OR TOWN St. Louis 13 Inside Limits Yes No
d. STREET ADDRESS (If outside, give location) 4222A. W. Cote Brilliantes Reside on Farm Yes No

3. NAME OF DECEASED First Middle Last Gail Denise McGill 4. DATE OF DEATH Month Day Year 7 2 63

5. SEX Female 6. COLOR OR RACE Negro 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 7-1-63 9. AGE (last birthday) Months Days Hours Min. 1 7 45

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) St. Louis, Missouri 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME James William McGill 13b. MOTHER'S MAIDEN NAME Monica Lucretia Robinson 14. NAME OF HUSBAND OR WIFE ant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT Monica McGill Address 4222A. W. Cote Brilliantes

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Respiratory Distress Syndrome
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Prematurity
DUE TO (c) 773.5
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. Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 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 7-1-63 to 7-1-63 and last saw her/him alive on 7-2-63
Death occurred at 11:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE Bernard Schwartzman, M.D. (Degree or title) 22b. ADDRESS 4511 Forest Park Blvd. 22c. DATE SIGNED 7-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify) _____ 23b. DATE 7-31-63 23c. NAME OF CEMETERY OR CREMATORY Anatomical Board 23d. LOCATION (City, town, or county) (State) St. Louis, Mo.

24. FUNERAL DIRECTOR Ogden ADDRESS 4106 Manchester 25. DATE RECD. BY LOGAL REG. JUL 18 1963 26. REGISTRAR'S SIGNATURE Loan Smith, M.D.

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 _____

Licensed Embalmer No. _____

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.