

NOV 15 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

36426
Do not fill this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis, Mo.** (d) Street No. **St. Luke's Hospital** St. **1003**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Robert J. McNair**

(a) Residence, No. St. **NR** **Mt. Olive, Illinois**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **July 10th, 1932**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 10th, 1932**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
5 3 15

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Nil**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) **Mt. Olive,**
 (STATE OR COUNTRY) **Illinois**

13. NAME **John McNair**

14. BIRTHPLACE (CITY OR TOWN) **Scotland**
 (STATE OR COUNTRY)

15. MAIDEN NAME **Irma Scherter**

16. BIRTHPLACE (CITY OR TOWN) **Mt. Olive**
 (STATE OR COUNTRY) **Illinois**

17. INFORMANT **John McNair**
 (ADDRESS) **Mt. Olive, Illinois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive, Ill.** DATE **October 28, 1937**

19. FUNERAL DIRECTOR **Albert H. Hoppe Inc.**
 (ADDRESS) **429 N. Euclid Avenue**

20. FILED **11-27-37** **J. Bredbeck**
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 25th, 1937**

22. I HEREBY CERTIFY, That I attended deceased from **October 18th, 1937** to **Oct. 25th, 1937**
 I last saw him alive on **October 25th, 1937** Death is said to have occurred on the date stated above, at **10:00 P.M.**
 The principal cause of death and related causes of importance were as follows:

Lesion of Brain (Malignant)
[Signature]

Date of onset

Other contributory causes of importance:

Name of operation **Crematory** Date of **10-24-37**
 What test confirmed diagnosis? Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury
 24. Was disease of injury in any way related to occupation of deceased?
 If so, specify **Yes**
 (Signed) **J. M. Keenan** M. D.
 (Address) **Bloomington, Ill.**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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STATEMENT BY LICENSED EMBALMER

I, Guy W. Wilkinson, Licensed Embalmer No. 3575
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Guy W. Wilkinson
Licensed Embalmer No. 3575

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.)