

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 13 days
In this community 13 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Levie McGee

3. (b) If veteran, name war _____ 3. (c) Social Security No. unk

4. Sex FEMALE 5. Color or race COLORED 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Lee Mester 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 3 - 18 99
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 2 If less than one day hr. _____ min. _____

9. Birthplace Mississippi U.S.A.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Levie McGee

13. Birthplace Miss
(City, town, or county) (State or foreign country)

14. Maiden name Clara McMiller

15. Birthplace Miss
(City, town, or county) (State or foreign country)

16. (a) Informant Lee McGee

(b) Address 825 N. 21st St

17. (a) Burial (b) Date thereof 10 23 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WASHINGTON PRIME CEMENTARY

18. (a) Signature of funeral director Boyd Brock

(b) Address 117 + 1/2 North J. Hancock

19. (a) OCT 23 1943 (b) J. P. Bueck
(Date received local registrar's certificate) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 1721
(d) Street No. 825 N. 21st St. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 18,
year 1943 hour 9 minute 55 A. M.

21. I hereby certify that I attended the deceased from October
5, 1943 to October 18, 1943;
that I last saw her alive on October 18, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. L. Smiley (M. D. or other) _____

Address 2601 Whittier Date signed 10/19/43

Duration

Undet.

PHYSICIAN

Underline the cause to which death should be charged statistically.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Louis V. Atkins*.....

Licensed Embalmer No. *2842*

P. O. Address. *3644 Finney*

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 this body is not embalmed, fact should be so stated above.