

WHILE TRAINING - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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FILED JAN 7 1947
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. 42685

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 11187

1. PLACE OF DEATH:

(a) County: --

(b) City or town: Saint Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
1719 Belleglade Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 18 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Mary M. McGee

3. (b) If veteran, name war: --

3. (c) Social Security No.: None

4. Sex: Female 5. Color or race: Negro

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Perry McGee

6. (c) Age of husband or wife if alive: 58 years

7. Birth date of deceased: July 14th 1893
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>5</u>	<u>12</u>	hr. min.

9. Birthplace: Sumpter Co., Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business: as above

12. Name: Henry Thomas

13. Birthplace: Sumpter Co., Alabama
(City, town, or county) (State or foreign country)

14. Maiden name: Elvira (unknown)

15. Birthplace: Sumpter Co., Alabama
(City, town, or county) (State or foreign country)

16. (a) Informant: Perry McGee

(b) Address: 1719 Belleglade

17. (a) Removal (b) Date thereof: 12/29/1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Festus, Missouri

18. (a) Signature of funeral director: Charles J. Gates

(b) Address: 4107 Finney Ave.

19. (a) DEC 29 1946 (b) J. F. Busbeck
(Received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: --

(c) City or town: Saint Louis
(If outside city or town limits, write "RURAL")

(d) Street No.: 1719 Belleglade Av.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country: --

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December Day 26th
Year 1946 hour 6 minute 15 A:M.

21. I hereby certify that I attended the deceased from Dec 15, 1946, to Dec 26, 1946, that I last saw him alive on Dec 25, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Thrombosis - Duration 4 days

Due to: Ca of Uterus 1 yr.

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:

(c) 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)

(c) Means of injury: _____

23. Signature: J. F. Busbeck (M. D. or other)

Address: 4069 a Easton Av. Date signed: 12/28/46

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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 *James J. [Signature]*
Licensed Embalmer No. *4259*
P. O. Address *4107 [Signature]*

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.