

No. 2
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X3667

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42688

State File No.

65070

FILED JAN 7 1948

Registration District No.

Primary Registration District No.

1003

Registrar's No. 11035

1. PLACE OF DEATH:

(a) County
(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:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 month
(Specify whether
In this community
years, months or days)

3. (a) PRINT FULL NAME MOODY MCGEE

3. (b) If veteran, name war NIL 3. (c) Social Security No. UNKNOWN

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nannie Estelle McGee 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased October 29th, 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 2 Days 21 If less than one day hr. min.

9. Birthplace Hockman Kentucky
(City, town, or county) (State or foreign country)

10. Usual occupation Truck Driver

11. Industry or business Thomas McGee

12. Name Unknown Unknown 9

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

14. Maiden name Unknown Unknown 6

15. Birthplace Mrs. Estella McGee
(City, town, or county) (State or foreign country)

16. (a) Informant Ironton, Missouri
(b) Address Ironton, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/23/46
(Month) (Day) (Year)
(c) Place: burial or cremation Pilot Knob, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc.
(b) Address 4700 Washington Ave.

19. (a) DEC 23 1948 (Date received from Registrar) J. F. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 022
(c) City or town St. Louis 231
(If outside city or town limits, write "RURAL")
(d) Street No. 1525 Missouri Ave., Memorial
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
year 1946 hour 7:00 minute A M.

21. I hereby certify that I attended the deceased from Nov 20, 1946 to 12/20/46, 19...
that I last saw him alive on 12/20/46, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration 2 wks

Due to Hypertensive Cardio-vascular disease ? yrs

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Same

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) Means of injury

23. Signature J. F. Brudeck 12/23/46 (M. D. or other) Date signed

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 13 1947

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 *Henry M. Brammer*

Licensed Embalmer No. *4200*

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