

No. 2
12-45
1-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 12 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10439
State File No. _____
Registrar's No. 3276

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 days
(Specify whether _____)
In this community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 1818 Timberlake
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William McPheeters
3. (b) If veteran, name war World War 1 3. (c) Social Security No. 488-09-0286

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Rose W. (Silverberg) McPheeters 6. (c) Age of husband or wife if _____ years
7. Birth date of deceased April 21 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 11 11 hr. _____ min.

9. Birthplace Warrenton Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Pipe fitter
11. Industry or business Laclede Gas Company

12. Name George McPheeters
13. Birthplace Hamer Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Mamie Sullivan
15. Birthplace East St. Louis Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Rose W. McPheeters
(b) Address 1818 Timberlake-St. Louis (20)
17. (a) burial (b) Date thereof. Apr 5-1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Cemetery St. Charles, Mo.

18. (a) Signature of funeral director: H. C. Dalmeyer & Sons Co.
(b) Address 800 N. 2nd-St. Charles, Mo.
19. (a) APR 5 1948 (Date received local registrar) J. F. Brodeur (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 2
year 1948 hour 11:10 minute _____ P. A. M.
21. I hereby certify that I attended the deceased from Feb 28 1948 to April 2 1948
that I last saw her alive on April 2 1948
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Carcinoma of Cecum
Due to _____
Due to Hb
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: Carcinoma of Cecum
Of operation _____
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. A. Brown (M. D. or other) _____
Address 3903 Olive Date signed 4/5/48

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

MOTHER FATHER

DEC 8 1954

APR 14 1948

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..... *Joseph T. Landolt*
Licensed Embalmer No. *4189*
P. O. Address..... *St Charles Mo*

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.