

FILED NOV 24 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39373

9871

0871

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|---|--|--|--|---|--|---|--|--|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 0871 | | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | | | b. COUNTY | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | | 2129 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Peoples Hospital | | | | e. STREET ADDRESS (If rural, give location) 764 Walton | | | | 0 | |
| 3. NAME OF DECEASED (Type or Print) Fannie | | | a. (First) | | b. (Middle) | | c. (Last) McGue | | |
| 4. DATE OF DEATH November 3, 51 | | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH 5/24/1897 | | 9. AGE (In years last birthday) 54 | | |
| 5. SEX Female | | | 6. COLOR OR RACE Negro | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY -- -- | | |
| 11. BIRTHPLACE (State or foreign country) Joplin, Missouri | | | 12. CITIZEN OF WHAT COUNTRY? USA | | | 13a. FATHER'S NAME Hulsey (?) | | | |
| 13b. MOTHER'S MAIDEN NAME Fannie (?) | | | 14. NAME OF HUSBAND OR WIFE Jake McGue | | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No -- | | | |
| 16. SOCIAL SECURITY NO. none | | | 17. INFORMANT'S SIGNATURE OR NAME Jake McGue, 764 Walton Avenue | | | ADDRESS | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach (CANCER) | | | | INTERVAL BETWEEN ONSET AND DEATH About 1 or 2 years | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia | | | | | | | | | |
| 19a. DATE OF OPERATION | | | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 151X | | | | | |
| 22. I hereby certify that I attended the deceased from Sept. 15, 1951 to 11-2, 1951, that I last saw the deceased alive on 11-2, 1951, and that death occurred at 12:40 PM from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Hulsey M.D. | | | | 23b. ADDRESS 480 Compton Ave | | 23c. DATE SIGNED 11/6/51 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 11/9/51 | | 24c. NAME OF CEMETERY OR CREMATORY Washington Park Cem. | | 24d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | |
| DATE REC'D BY LOCAL REG. NOV 7 1951 | | REGISTRAR'S SIGNATURE J. E. Smith | | 25. FUNERAL DIRECTOR'S SIGNATURE GATES FUNERAL HOME Charles J. Gates | | ADDRESS 4107 Finney Ave. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
10.48

STATEMENT BY LICENSED EMBALMER

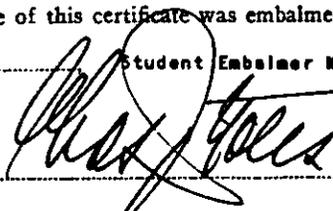
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed.....



Licensed Embalmer No. 1825

P. O. Address 4107 Finney Avenue

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.