

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

42985

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. Mo. Baptist, San)

Registration District No. 791
Primary Registration District No. 11003

File No. _____
Registered No. 12259
St. _____ Ward _____

2. FULL NAME

John T. McNamee
(a) Residence, No. 3007 Arlington St., 6 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie McNamee

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 7, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 9 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Excavating Contractor
(b) General nature of industry, business, or establishment in which employed (or employer) Self
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Jefferson County Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Michael McNamee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Baltimore Maryland
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Bernard McNamee
(Address) 3007 Arlington

15. REG. FILED: 17 1928 Max L. Stanley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4
16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 16 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 12 1928, to Dec 16 1928
that I last saw him... alive on Dec 16 1928, and that death occurred, on the date stated above, at 7:25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma Neck, left.
Primary, advanced, extending to right neck left axilla anterior chest & mediastinum (duration) yrs. 5-6 mos. no ds.
CONTRIBUTORY Extension of tumor growth (SECONDARY)
to Nuchal Compression (acute) (duration) yrs. 2 mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH St. Louis Mo
DID AN OPERATION PRECEDE DEATH? Yes DATE OF Dec 12 1928

WAS THERE AN AUTOPSY? No
GENERAL OPERATION & MICROSCOPIC WHAT TEST CONFIRMED DIAGNOSIS? Section
(Signed) C. E. Landree M. D.

Dec 16 1928 (Address) 1137-39 Missouri Bldg.

*State the DISEASE CAUSING DEATH, or if deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Memorial Park Cem. DATE OF BURIAL Dec 18 1928

20. UNDERTAKER A. Leon L. LLC ADDRESS 2707 N Grand

WRITE MAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

