

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

Do not use this space.

2425

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. 641 S. Sunnyside Ave.)

Registration District No. 1384
Primary Registration District No. 4-2-1
File No. _____
Registered No. 11
St. _____ Ward _____

2. FULL NAME

Frances Melissa Mc Gee

(a) Residence, No. 641 Sunnyside St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. _____ mos. _____ ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elijah Mc Gee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1859

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
74 2 7

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge Missouri

13. NAME James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U S A

15. MAIDEN NAME Allie Boren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) L. L. Aldrich Webster Groves

18. BURIAL, CREMATION, OR REMOVAL PLACE Park View cemetery DATE Jan 18 1934

19. UNDERTAKER (ADDRESS) Parson Land Co Webster Groves Mo

20. FILED 1-17 1934 Julius H. York Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 25th 1933 to Jan 6th 1934

I last saw h.c. alive on Jan 6th 1934 Death is said to have occurred on the date stated above, at 9:15 P.M.

The principal cause of death and related causes of importance were as follows:

Coronary Arteriosclerosis
950
9510
Coronary Arteriosclerosis
CV Disease

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1934
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) J. W. Clarke M. D.
(Address) 6715 Big Bend St.

This is a preliminary statement. It is not to be used for legal purposes. Exact statement of OCCUPATION is very important.

Feb 27 1934

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

Jan C.C.
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 788

Township Webster Shores

Primary Registration District No. 4471

City Webster Shores

File No. _____

Registered No. 11

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 641 Sunnyside St., _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-6-1934

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elyse Hughes

22. I HEREBY CERTIFY, That I attended deceased from 5-25-33 to 1-6-1934
I last saw her alive on 1-6-1934 at 9:15 pm. Death is said to have occurred on the day stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 9 - 1859

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS 74 MONTHS 2 DAYS 7 If LESS than 1 day, _____ hrs. or _____ min.

Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

Acute Cardia Dilatation

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____

11. Total time (years) spent in this occupation _____

Other contributory causes of importance: _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oak Ridge Mo.

13. NAME James Wilson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

15. MAIDEN NAME Alice Deoren

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) CC at _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Parkman DATE 1-18-33

19. UNDERTAKER (ADDRESS) Parker Undertaking Co. Webster Shores Mo.

20. FILED 1-7-1934 Jules R. York Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

(Signed) J. D. Mc Carthy M. D.
(Address) Webster Shores

NECESSARILY SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

S-2425