MAY 25 1934

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

Do not use this space.

File No. 14062
Registered No. 87

1. PLACE OF DEATH
County St Louis — Registration District No. 333
Township St Ferdinand — Primary Registration District No. 4468
City St Kinloch — Ferguson Twp (No. ..... St. ..... Ward)

2. FULL NAME Willie McGee, ~~Willie~~
(a) Residence, No. Wanack ave 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

3. SEX: Female
4. COLOR OR RACE: colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word): Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	1867	—	—	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) Baldwin Miss Lee Co

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Bella Cole
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ga

17. INFORMANT Martha Hussey
(ADDRESS) 1715 Bondurant St Louis

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park Cem. DATE 4/19/34 19

19. UNDERTAKER C. O. Lemmo
(ADDRESS) St. Louis Park Mo.

20. FILED 4/19 19 34 H. A. Zeitler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/18/34 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
I last saw h.... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7 am m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Senile and extreme emaciated, colored, female, who has been under the St. Louis County out-clinic service for many months. Chr. myocarditis, chr endocarditis,

~~Other contributory causes of importance:~~
generalized arteriosclerosis. Sec; angina pectoris. Found dead in bed in AM.

Name of operation Coroner's view Date of .....
What test confirmed diagnosis? History 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 ....., 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) Luke B. Timon 4/19/34 M. D.
(Address) 3718 Jennings Rd.
Coroner St Louis Co., Mo.

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.