AUG 23 1935

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

Do not use this space.

25199

1. PLACE OF DEATH

County St. Louis — Registration District No. H-23

Township — Primary Registration District No. 6248B

City Jefferson Barracks (No. Veterans Administration Facility St. Ward)

File No. — Registered No. 261

2. FULL NAME McGEE, Robert R.

(a) Residence, No. 1702 St. Louis St., Ward. East St. Louis, ~~Missouri~~ Ill.
(Usual place of abode) (If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maud V. McGee

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 9, 1898

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
36	8	17	

OCCUPATION

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

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

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

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

12. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

FATHER

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable

MOTHER

15. MAIDEN NAME Unavailable

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

17. INFORMANT A. W. Schulz, M. D.
(ADDRESS) Act. Chief Medical Officer

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Peters DATE July 29 1935

19. UNDERTAKER Bergesch Mud Co.
(ADDRESS) 3661 Washington

20. FILED July 27 1935 G Mowry
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1935 19

22. I HEREBY CERTIFY, That I attended deceased from July 22, 1935, 19, to July 26, 1935, 19

I last saw him alive on July 26, 1935, 19. Death is said to have occurred on the date stated above, at 7:40 p. m.

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

	Date of onset
Tuberculosis, pulmonary, chronic active, Far Advanced (c) with complications.	Unk

Other contributory causes of importance:
None

Name of operation None Date of
What test confirmed diagnosis? Physical exam. clinical manifestations and lab. findings. 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) A. W. Schulz, M.D., Act. Chief Medical Officer, M. D.
(Address) Jeff. Brks., Missouri

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.