

DEC'D MAR 20 1938

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

7367

Do not use this space.

1. PLACE OF DEATH

(a) County Charies Registration District No. 541
(b) Township Jefferson Primary Registration District No. 432 Registered No. _____
(c) City St. Louis (d) Street No. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MELVIN RAY J. McQUEEN 250
(a) Residence, No. North Co. 13th Mo. St. (Usual place of abode, if no street address, write county or city). (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 23 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, x hrs. or min.
0 6 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Self
9. Industry or business in which work was done, as 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) Jewish Hospital, St. Louis, Mo

FATHER 13. NAME Samie R. McQueen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Summerfield, Mo.

MOTHER 15. MAIDEN NAME Genevieve Backus
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raytown, Mo.

17. INFORMANT (ADDRESS) C.R. McQueen

18. BURIAL, CREMATION, OR REMOVAL Liberty Cemetery DATE 2-7-38

19. FUNERAL DIRECTOR (ADDRESS) S.G. Reichgoffer

20. FILED Mar 10 38 Raymond Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 1 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1938 to Feb 1 1938

I last saw him alive on Feb 1 1938 Death is said to have occurred on the date stated above, at 6 a.m.

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

Unknown Date of onset _____

Other contributory causes of importance: 200 ft

Name of operation None Date of _____
What test confirmed diagnosis? Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify _____
(Signed) C.R. McQueen, M. D.
(Address) St. Louis, Mo.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.)