

REC'D APR 1 1938

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

8759

Do not use this space.

1. PLACE OF DEATH Homer G Phillips Hospital  
 (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No..... Registered No. 2348  
 (c) City..... St. Louis (d) Street No. 2601 N Whittier St.  
 (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 16 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Kate McGhee 200  
 (a) Residence, No. 2831 Chouteau St. 22 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Cornelius McGhee  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1895  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
42 5 --

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. nil  
 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) Arkansas /

FATHER 13. NAME Louis Bledsoe /  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas /

MOTHER 15. MAIDEN NAME Jane Randolph  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arkansas

17. INFORMANT Evelyn Hilliard  
 (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Little Rock, Ark., Mar. 9 39

19. FUNERAL DIRECTOR Russell Und. Co.  
 (ADDRESS) 2732 Pine Street

20. FILED MAR 9 1938 J. B. Budick Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 6 19 38

22. I HEREBY CERTIFY, That I attended deceased from Feb. 18, 19 38, to March 6, 19 38

I last saw her alive on March 6, 19 38 Death is said to have occurred on the date stated above, at 10 a. m.

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

Pulmonary tuberculosis with cavitation

Date of onset

2/18/38

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? clinical Was there an autopsy? Yes

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 A. L. Lewis, M. D.  
 (Signed)..... (Address) 2601 N Whittier

STATEMENT BY LICENSED EMBALMER

I, Joel Russell, Licensed Embalmer No. 2115

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed

*Joel Russell*

Licensed Embalmer No. 2115

**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.)**