

## MISSOURI STATE BOARD OF HEALTH

## BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

19464

Do not use this space.

REC'D JUN 14 1938

## 1. PLACE OF DEATH

(a) County St. Louis(b) Township Clayton(c) City ClaytonRegistration District No. 784Primary Registration District No. 121(d) Street No. St. Louis County HospitalRegistered No. 994

(e) Length of residence in city or town where death occurred

(If death occurred in Hospital or Institution, write its name instead of street and number)

yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

Edward M. McGhee 205(a) Residence, No. 6335 Bartmer, University City, Mo.

(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)

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Hattie McGhee

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

6/27/1878

7. AGE

YEARS  
59MONTHS  
11DAYS  
11

IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

Bar Tender

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)

Tenn.

FATHER

13. NAME

Jess McGhee

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

Tenn.

MOTHER

15. MAIDEN NAME

Sarah Williams

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

W. Va.

17. INFORMANT (ADDRESS)

Wife, Hattie McGhee

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Laurel Hill Cem. 6/10/38

19. FUNERAL DIRECTOR

(ADDRESS)

C. W. Clark1125 Hodiament Av.

20. FILED

JUN 8 1938R. Meyer M. D. P. H. Registrar

## MEDICAL CERTIFICATE OF DEATH

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

6/7/38

19

22. I HEREBY CERTIFY 6/7/38 attended deceased from5/28/38

19

I last saw h. im alive on 6/7/38Death is said to have occurred on the date stated above, at 5.45 P. M.

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

Carcinoma of Esophagus

Date of onset

4 mos.

Other contributory causes of importance:

40

Name of operation

None

Date of

What test confirmed diagnosis? X-ray 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? Yes

If so, specify

(Signed) St. Louis County Hospital M. D.715 (Address) St. Louis County Hospital

STATEMENT BY LICENSED EMBALMER

I, Jas. W. Clork, Licensed Embalmer No. 1661  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

No. \_\_\_\_\_ L. E. \_\_\_\_\_  
or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Jas. W. Clork  
Licensed Embalmer No. 1661

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.)