

REC'D DEC 12 1938

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

37711
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 701
 (b) Township Primary Registration District No. 30003
 (c) City St. Louis (d) Street No. Homer Phillips Hospital Registered No. 10038
 (e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 918 N Compton St. 21
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 17, 1938, to Nov. 18, 1938

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25, 1881

I last saw him alive on Nov. 18, 1938. Death is said

7. AGE YEARS 56 MONTHS 10 DAYS 23 If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at 3:15 p.m.

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

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

Arteriosclerotic heart disease (Date of onset) 10/17/38

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

Other contributory causes of importance:

FATHER 13. NAME Dan McGee

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

MOTHER 15. MAIDEN NAME Louella ?

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

17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

Name of operation clinical Date of
 What test confirmed diagnosis? Was there an autopsy? no

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 11-21-38

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.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Pinkie L. Toney
3129 Lucas Ave.

Manner of injury
 Nature of injury

20. FILED NOV 21 1938

24. Was disease or injury in any way related to occupation of deceased? If so, specify

(Signed) [Signature], M. D.
 (Address) 2601 N Whittier

Local Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Em black signed
10/17*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.)

If this body is not embalmed, above space should be left blank.