

MAR 13 1939

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

4828
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis (d) Street No. Homer Phillips Hospital 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 31 yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Sandella McCathey

(a) Residence, No. 1520 Goode St. // (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 Hurley McCathey
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1892
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
46 7 25

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. housework
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) Tennessee (STATE OR COUNTRY)

FATHER 13. NAME Benjamin Jackson

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

MOTHER 15. MAIDEN NAME Janie Beard

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

17. INFORMANT Evelyn Hilliard (ADDRESS) 2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE Feb 17 1939

19. FUNERAL DIRECTOR (NAME) J. W. Hughes (ADDRESS) 19620 Labaton

20. FILED FEB 16 1939 J. D. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 14, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 31, 1939, to Feb. 14, 1939
I last saw her alive on Feb. 14, 1939 Death is said to have occurred on the date stated above, at 3:12 p.m.
The principal cause of death and related causes of importance were as follows:

Hypertensive heart disease Date of onset 1/31/39

Other contributory causes of importance

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical 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) H. J. Lyman, M. D.
(Address) 2601 N Whittier

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.

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.....

Syda Hughes

Licensed Embalmer No.....

9938

P. O. Address.....

St Louis mo

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.