

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

20774  
Do not use this space.  
**5618**

**JUL 12 1939**

**1. PLACE OF DEATH**

(a) County ..... Registration District No. **791**  
 (b) Township ..... Primary Registration District No. **1008**  
 (c) City **St. Louis, Mo.** (d) Street No. **City Sanitarium** St.  
 (e) Length of residence in city or town where death occurred **39** yrs. **4** mos. **4** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

**George McKeage**  
 (a) Residence, No. **4425 Labadie** St. **10** (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 <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Single</b>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>2-24-1900</b>				
7. AGE	YEARS <b>39</b>	MONTHS <b>4</b>	DAYS <b>=</b>	IF LESS than 1 day, ..... hrs. .... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <b>Laborer</b>			
	9. Industry or business in which work was done, as saw mill, bank, etc. <b>Shoe WORKER</b>			
	10. Date deceased last worked at this occupation (month and year) <b>1936</b>			
FATHER	11. Total time (years) spent in this occupation <b>0</b>			
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>St. Louis, Missouri</b>			
MOTHER	13. NAME <b>Thos McKeage</b>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Unknown GRAY SUMMIT Tennessee MO.</b>			
15. MAIDEN NAME <b>Minniw Satler McKeage</b>				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Waterloo, Ill.</b>				
17. INFORMANT <b>Arnold Cook M. D.</b> (ADDRESS) <b>5400 Arsenal St.</b>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>CALVARY</b> DATE <b>JUNE 27<sup>TH</sup> 1939</b>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <b>BRACKLAND UND. CO</b> <b>1827 HOGAN STR</b>				
20. FILED <b>JUN 26 1939</b> <b>J. B. Brackland</b> Local Registrar				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<b>6-24-39</b>
22. I HEREBY CERTIFY, That I attended deceased from <b>7-1-</b> 19 <b>38</b> to <b>6-24-39</b> , 19.....	
I last saw h. <b>1m</b> alive on <b>6-24-39</b> , 19.....	Death is said to have occurred on the date stated above, at <b>8:40 a.m.</b>
The principal cause of death and related causes of importance were as follows: <b>Chronic Myocarditis 9-27-37x</b>	
Other contributory causes of importances: <b>Old Pulmonary Tuberculosis 9-27-37x</b>	
Name of operation.....	Date of.....
What test confirmed diagnosis?.....	Was there an autopsy? <b>Yes</b>
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) <b>Arnold A. Cook</b> , M. D. (Address) <b>5400 Arsenal St.</b>	

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..... *Albert S. Hoffa* .....

Licensed Embalmer No. 2971

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.**