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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23655

REC'D AUG 11 1939

Registration District No. 791 1003

Primary Registration District No.

Registrar's No. 5928

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Homer Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Since 6/19/39 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town 2608 N Taylor, St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. --- (If rural, give location) (11)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Cornelius McGhee 2 D

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex M

5. Color or race C

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Kate McGhee

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased April (Month) 13 (Day) 1885 (Year)

8. AGE: Years 54 | Months 2 | Days 17 | If less than one day hr. min.

9. Birthplace (City, town, or county) Alabama (State or foreign country)

10. Usual occupation laborer

11. Industry or business

FATHER
12. Name Jessie McGhee
13. Birthplace (City, town, or county) South Carolina (State or foreign country)

MOTHER
14. Maiden name Lizzie King
15. Birthplace (City, town, or county) South Carolina (State or foreign country)

16. (a) Informant's own signature X Cula Williams
(b) Address 2404 N. Taylor ave

17. (a) burial (Burial, cremation, or removal) (b) Date thereof July 6 '39 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Russell Undt. Co.
(b) Address 2732 Pine Street

19. (a) JUL 5 1939 (Date received local registrar) (b) J. B. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30
year 1939 hour 9 minute 05 A. M.

21. I hereby certify that I attended the deceased from June 19, 1939, 19, to June 30, 1939, 19;
that I last saw him alive on June 30, 1939, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arteriosclerotic heart disease	abt. 4 years
Due to --	
Due to --	
Other conditions -- (Include pregnancy within 3 months of death)	
Major findings: Of operations --	
Of autopsy --	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature H J Lyman (M. D. or other)
Address 2601 N Whittier Date signed 7-3-39

(Licensed Embalmer's Statement on Reverse Side)

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 William C. McDowell, Registered Apprentice No. ..... working under my personal supervision.

Signed William C. McDowell

Licensed Embalmer No. 3114

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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