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

23756
Do not use this space.

REC'D AUG 11 1939

791
1003
6029

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. .....
(c) or City St. Louis, Missouri (d) Street No. City Sanitarium St.
(e) Length of residence in city or town where death occurred 24 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Burley McGee
(a) Residence, No. 3677 a Blaine Ave. St. 17
(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): Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 5-15-1913
7. AGE: Years 26; Months 1; Days 24; If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Nil
9. Industry or business in which work was done, as saw mill, bank, etc.: Nil
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): Unknown / Missouri

FATHER
13. NAME: Dan McGee
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Kans

MOTHER
15. MAIDEN NAME: Grace Halley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown / Missouri

17. INFORMANT (ADDRESS): Mrs. Herman Gehlert, Union Missouri
18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Clair Mo DATE July 10 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe Inc. 4700 Washington Blvd.,
20. FILED JUL 8 1939 19 J F Bredick Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-7-39, 19

22. I HEREBY CERTIFY, That I attended deceased from 7-1-38, 19..., to 7-7-39, 19...
I last saw him alive on 7-7-39, 19... Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Multiple Lung Abscess	
6-24-39	
106	

Other contributory causes of importance:
Bronchiectasis 9-38x
Chr. Bronchitis 9-38x

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Arnold A. Cook, M. D.
(Address) 5400 Arsenal St

(Licensed Embalmer's Statement on Reverse Side)

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 Albert H. Hoppe

Licensed Embalmer No. 1861

P. O. Address 4700 Washington

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

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