

JAN 12 1940

State File No. _____

Registration District No. 1008

Primary Registration District No. _____

Registrar's No. 105001. PLACE OF DEATH: 1008

(a) County 1
 (b) City or town St Louis
 (c) Name of hospital or institution: Homer G Phillips
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 mo 15 das
Unknown (Specify whether
 In this community
 years, months or days)

3. (a) PRINT
FULL NAMEWillie McGee

3. (b) If veteran,

name war None

3. (c) Social Security

No. NO4. Sex Female5. Color or
race Col6. (a) Single, widowed, married,
divorced Married

6. (b) Name of husband or wife

Elijah McGee

6. (c) Age of husband or wife if

alive 38 years

7. Birth date of deceased

June
(Month)27
(Day)1903
(Year)

8. AGE:

Years

Months

Days

If less than one day

3755

hr. _____ min.

9. Birthplace

MOSCO

(City, town, or county)

ARK

(State or foreign country)

10. Usual occupation

Elevator Operator

11. Industry or business

12. Name Watt Humphery

13. Birthplace

Unknown

(City, town, or county)

?

(State or foreign country)

14. Maiden name

Unknown

(City, town, or county)

?

(State or foreign country)

15. Birthplace

Unknown

(City, town, or county)

?

(State or foreign country)

16. (a) Informant's own signature

G. Johnson, Jr

(b) Address

2902 Easton Ave17. (a) BURIAL

(Burial, cremation, or removal)

(b) Date thereof

12-10-39

(Month) (Day) (Year)

(c) Place: burial or cremation

Wentworth Park

18. (a) Signature of funeral director

Ellis General Home

(b) Address

2828 Stoddard St19. (a) DEC 8 1939

(Date received local registrar)

(b)

J. T. [Signature]

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town St Louis 21
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3206 Bell Ave
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 3
 year 1939 hour 3:00 minute 40 P. M.

21. I hereby certify that I attended the deceased from
Oct 18, 1939, to December 3, 1939,
 that I last saw her alive on December 3, 1939,
 and that death occurred on the date and hour stated above.

Immediate cause of death

Lobar PneumoniaPelvic Abscess, Type unknownOvarian Cyst, Type unknown

Due to _____

Due to _____

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

Duration

1 wk4 wks

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?

While at work _____

(Specify type of place)

(e) Means of injury _____

23. Signature J. B. Martin, Jr. (M. D. or other)Address 2601 N WhittierDate signed 12/4/39

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 L. Boykin

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

Signed Lonnice Boykin

Licensed Embalmer No. 2946

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.