12593
U. S. No. 2
DM—9-4-41
Rev. 5-17-39
I X29484

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 22 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16622

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5026

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 Days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEATHS:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 520 Chestnut St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ~~Samuel P.~~ Floyd Samuel McGee

3. (b) If veteran, name war No

3. (c) Social Security No. 493-05-9535

4. Sex ~~Female~~ Male

5. Color or race White

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

6. (b) Name of husband or wife ———

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

7. Birth date of deceased June (Month) 20 (Day) 1908 (Year)

8. AGE: Years 33 Months 11 Days 19 If less than one day hr. min.

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

10. Usual occupation Hotel Desk Clerk

11. Industry or business

MOTHER FATHER

12. Name Ralph McGee

13. Birthplace Chillicothe, (City, town, or county) Ill. (State or foreign country)

14. Maiden name Carrie Paulson

15. Birthplace Garener, (City, town, or county) Ill. (State or foreign country)

16. (a) Informant Mrs. ~~Terry~~ McGee

(b) Address 520 Chestnut St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/12/42 (Month) (Day) (Year)

(c) Place: burial or cremation Red Bud, Ill.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Ave

19. (a) JUN 9 1942 (Date received local registrar) J. J. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 9 year 1942 hour 12:40 minute A. M.

21. I hereby certify that I attended the deceased from June 3, 1942, to June 9, 1942, that I last saw him alive on June 9, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy As above.

Duration

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 W. W. Davis (M. D. or coroner)

Address 1515 Lafayette Avenue Date signed 6/9/42

(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 Gus W. Dieterle, Registered Apprentice No. 295, working under my personal supervision.

Signed Wilford T. Burnley

Licensed Embalmer No. 4202

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, fact should be so stated above.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
~~County of~~ City of St Louis

State File No.
Local Registrar's No. 5026

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25th day of June, 1942, before me appears Albert H Hoppe, who, upon his oath, states that the original record of ~~birth~~ death for Floyd Samuel McGee, ~~born~~ died June - 9 -, 1942, in the State of Missouri, and which was filed at St Louis on June - 9 -, 1942, should be corrected as follows:

Item No. 4 should read Male

Instead of of Female

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Albert H Hoppe Friend
Relationship

4700 Washington Blvd
Present Address.

Subscribed and sworn to before me this 25th day of June, 1942.

My Commission expires My Commission Expires November 30, 1945 Alice L Elbe Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
X32339

S-16622