

FILED NOV 20 1943

State File No. \_\_\_\_\_

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9837**

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 1406 A. No. Pendleton 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 5 years, months or days

3. (a) PRINT FULL NAME Sarah Webb McGee

3. (b) If veteran, name war NO 3. (c) Social Security No. 489-12-1053

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 1 Married  
6. (b) Name of husband or wife Andrew McGee 6. (c) Age of husband or wife if alive 42 years  
7. Birth date of deceased March 24 1890  
(Month) (Day) (Year)

8. AGE: Years 53 Months 7 Days 12 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation House Wife

11. Industry or business

MOTHER FATHER { 12. Name Shack Bandon  
13. Birthplace Mississippi  
(City, town, or county) (State or foreign country)  
14. Maiden name Queenie Shelton  
15. Birthplace Mississippi  
(City, town, or county) (State or foreign country)

16. (a) Informant Lula Holmes

(b) Address 3122 N Bell

17. (a) Burial (b) Date thereof 11/12/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mary Wade

(b) Address 4202 Finney Avenue

19. (a) Nov 12 1943 (b) J. F. Buddeck  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 17 11  
(If outside city or town limits, write "RURAL") 9 11  
(d) Street No. 1406 A. No. Pendleton  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1943 hour 6 minute 00 AM

21. I hereby certify that I attended the deceased from April 22, 1943, to Nov 6, 1943;  
that I last saw him in alive on Oct. 31, 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis 2  
Nephritis (chronic interstitial) 2

Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions Diabetes & Hypertension 2  
(Include pregnancy within 3 months of death) 2

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 St. Louis Schuchat (M. D. or other) 2  
Address 2200 Chestnut Ave Date signed 11-6-43

Duration  
2  
2  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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

1/2/5

**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..... *V. J. Skatson*  
Licensed Embalmer No. .... *2498*  
P. O. Address..... *2764 Chouteau*

**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.**