

No. 5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1943

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40208

State File No.

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 11016

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether Life)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis,
(If outside city or town limits, write "RURAL") 921

(d) Street No. 2644 Lucas
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Harold McGhee

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race 2 Negro 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 September 1 1943
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 7 _____ hr. _____ min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER { 12. Name Sidney McGhee

{ 13. Birthplace Pine Bluff Ark.
(City, town, or county) (State or foreign country)

{ 14. Maiden name Magnolia Smith

{ 15. Birthplace Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Magnolia McGhee

(b) Address 2644 Lucas

17. (a) Burial (b) Date thereof 12 13 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem.

18. (a) Signature of funeral director English Und. Co.

(b) Address 2931 1043
Lucas Ave.

19. (a) DEC 13 1943 (b) J. F. Bredeen
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 8,
year 1943 hour 10 minute 00 A. M.

21. I hereby certify that I attended the deceased from December 5,
1943 to December 8, 1943;
that I last saw him alive on December 8, 1943;
and that death occurred on the date and hour stated above.

Immediate cause of death Meningococcic(?) Meningitis

Duration Unk.

Due to _____

Due to _____

Other conditions U
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy _____

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 C. Raymond Merritt M. D. or other _____
Address 2601 W. 11th Date signed 12/9/43

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

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 *Burleson English*.....

Licensed Embalmer No. *4208*.....

P. O. Address *2921 Lucas Ave.*.....

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.