

FILED DEC 18 1943
Registration District No. 577

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Meramec Twp. (RURAL)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Rock Hallway Rd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Glencoe, Box 436
(If outside city or town limits, write "RURAL")

(d) Street No. 717 S. Grand
(If rural, give location)

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

3. (a) PRINT FULL NAME Roy Alfred McGee

3. (b) If veteran, name war None

3. (c) Social Security No. 548-12-7950

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Maggie

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased Jan. 28 1910
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
33	10	8	hr. _____ min.

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

10. Usual occupation Maintenance man

11. Industry or business Modern Sand & Gravel Co.

MOTHER FATHER { 12. Name Wm. B. McGee

13. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

14. Maiden name Hettie Jones

15. Birthplace Unknown Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Maggie McGee

(b) Address Glencoe, Mo.

17. (a) Burial (b) Date thereof Dec. 9-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethel Cem. Pond, Mo.

18. (a) Signature of funeral director Schradler Funeral Home

(b) Address Dallwin Mo.

19. (a) DEC 10 1943 (b) E. G. McHarran, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6
year 1943 hour 4:25 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cave-in of sand while shovelling sand in a bin.

Due to Suffocation (buried in sand.)

Due to _____

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

Major findings: Of operations _____

Of autopsy Yes.

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) Accident. 096

(b) Date of occurrence Dec. 6, 1943

(c) Where did injury occur? Modern Sand & Gravel Co.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Industrial place.

While at work YES (Specify type of place) (e) Means of injury 3

23. Signature N. J. Greyhale Deputy Coroner (M. D. or other)

Address Kirkwood, Mo. 12-7-43 Date signed _____

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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood, Mass.

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.