V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 25 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32151

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9065

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

00 17 9

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 20 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3510 Laclede
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

00 18 17 9 0

3. (a) PRINT FULL NAME ~~Daisy McNema~~ Daisy McNema

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Fem 3

5. Color or race Col

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

6. (b) Name of husband or wife Murray McNeamer

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

7. Birth date of deceased Abt 1894 (Month) (Day) (Year)

8. AGE: Years Abt. 51 | Months — | Days — | If less than one day hr. min.

9. Birthplace Laurel (City, town, or county) Miss. (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Wm. Grace
13. Birthplace Miss. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Flora Burks
(b) Address 2950 Dickson

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director R.M.C. Green
(b) Address 3817 Laclede Ave

19. (a) OCT 20 1945 (Date received local registrar) J. T. Bedecek (Registrar's signature)

944 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 14 year 1945 hour 5 minute xx A. M.

21. I hereby certify that I attended the deceased from Sept. 26, 1945 to Oct. 14, 1945; that I last saw her alive on Oct. 13, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertensive Heart Disease	Unk
Cerebral Accident	Unk
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations
Of autopsy

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 L. E. Courtney (M. D. or other)
Address 2601 N Whittier St Date signed 10-15-45

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 Melvin Edward Green Registered Apprentice No. 383, working under my personal supervision.

Signed P. M. Lucas

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede 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.