

No. 2
1-5-43
5-17-39
I X36671

State File No. _____

FILED FEB 1 1946

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **6277**

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:
Enroute to City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4944 Forest Park
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Charles Alex McGehee

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased September 22 1873
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 20
year 1946 hour 3:30 minute 0 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Chronic Myocarditis
Chronic Interstitial
Nephritis

Due to _____

Due to _____

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

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>3</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace Shawneetown Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Maintenance Man
Jewish Hospital

11. Industry or business _____

MOTHER, FATHER

12. Name Francis McGehee

13. Birthplace Shawneetown Illinois
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Logan

15. Birthplace Wheeling West Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Belle Watkins

(b) Address Cisne, Ill.

17. (a) Removal (b) Date thereof 1-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cisne, Illinois

18. (a) Signature of funeral director Albert H. Hoppe
4700 W. Washington Blvd.

(b) Address _____

19. (a) JAN 21 1946 (Date received local registrar)

J. P. Brudee (Registrar's signature)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Patrick E. Taylor (M. D. or other) _____

Address Deputy Coroner Date signed 1-21-46

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 *B. W. Wilkins*

Licensed Embalmer No..... 3575

P. O. Address.....

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.