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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

7691

FILED FEB 19 1946 STANDARD CERTIFICATE OF DEATH

State File No. _____

1262

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. _____

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
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 30 years
years, months or days

3. (a) PRINT FULL NAME Alex Mc Cellean

3. (b) If veteran, name war no

3. (c) Social Security No. 499-01-0810

4. Sex Male 2 5. Color or race Col.

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

6. (b) Name of husband or wife Annie Mae

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased April 26, 1892
(Month) (Day) (Year)

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

53 9 8 hr. min.

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

10. Usual occupation Labor

11. Industry or business Gilbert brass Foundry

12. Name Tilman Mc Cellean 9

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

14. Maiden name Unknown

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

16. (a) Informant Annie Mae Mc Clean

(b) Address 1235 A. N. 11th Street

17. (a) Burial (b) Date thereof Feb. 9, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Dement & Son

(b) Address 2620-31 Cole Street

19. (a) FEB 6 1946 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-00

(c) City or town St. Louis 2577
(If outside city or town limits, write "RURAL")

(d) Street No. 1235 A. North 11th. Street 9
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 26
year 1946 hour 12 minute 40 P. 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: Cardio Renal Duration _____
Vascular Disease; Myocardial
Thrombosis of Heart

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 J. F. Bredeck (M. D. or other) _____

Address _____ Date signed 2/6/46

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

MOTHER FATHER

Emb sep Cert to be filed

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.....

Licensed Embalmer No.....

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.