S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 2160

Registration District No. 318 FILED MAR 18 1946

Primary Registration District No. 1000

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

(d) Length of stay: In hospital or institution 2 mos (Specify whether
In this community 4 Mos.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

(c) City or town St. Louis 621
(If outside city or town limits, write "RURAL")

(d) Street No. 3303 Lawton
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mollie McGhee

3. (b) If veteran, name war None

3. (c) Social Security No. none

4. Sex Female

5. Color or race Negro

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov (Month) 1892 (Day) (Year)

8. AGE Years 53 Months — Days — If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

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

16. (a) Informant Joe Logan
(b) Address 206½ So. 23rd St.

17. (a) Shipped (Burial, cremation, or removal) (b) Date thereof 3 5 46 (Month) (Day) (Year)
(c) Place: burial or cremation Starksville, Miss

18. (a) Signature of funeral director Duncan Funeral Home
(b) Address 215 So. Jefferson

19. (a) MAR 5 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 1 year 1946 hour 2 minute 30 P M.

21. I hereby certify that I attended the deceased from Dec. 28, 1945 to Mar 1, 1946, that I last saw her alive on Mar. 1, 1946, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypostatic Pneumonia	Unk
Involutional Melancholia	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy Yes

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

23. Signature H. J. Erwin (M. D. or other)
Address 2601 N Whittier Date signed 3/2/46

(Licensed Embalmer's Statement on Reverse Side)

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 S. J. Watson

Licensed Embalmer No. 2698

P. O. Address 2769 Thouteau

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.