

S. No. 2
OM-5-43
v. 5-17-39
I X36671

FILED AUG 5 1946
Registration District No. 318

Primary Registration District No. 1003

State File No. _____
Registrar's No. 6613

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

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: Missouri-Baptist Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 617
(If outside city or town limits, write "RURAL")

(d) Street No. 3316 Semple 9
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME George W. McNamee

3. (b) If veteran, name war No

3. (c) Social Security No. 494-10-9521

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased January 3, 1888
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>58</u>	<u>6</u>	<u>24</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Repair Furniture

11. Industry or business Meyer-Pohlman Furniture Co.

12. Name Michael J. McNamee

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

14. Maiden name Mary A. McNamee

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

16. (a) Informant Mrs. Margaret McNamee

(b) Address 3316 Semple

17. (a) Burial (b) Date thereof 7 - 30 - 46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director J. F. Bredet

(b) Address 1225 Union Blvd.

19. (a) JUL 29 1946 (Date received local registrar)
J. F. Bredet (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1946 hour 2 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from June 1
_____ 19 46 to July 27 19 46

that I last saw him alive on July 27 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocardial degeneration and hypertension

Due to _____

Due to 930

Other conditions Chronic bronchitis
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy _____

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 Chas. H. Kulker (M. D. or other) 0
Address 3121 N Grand Date signed 7/28/46

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

John Agonowski
.....
Licensed Embalmer No. *3398*

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.