S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

Registration District No. 318

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6650 2270

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Homer G. Phillips Hospt.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo 28 Days
(Specify whether years, months or days)
In this community 5 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1414 Cass Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henrietta McGee

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race Col

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Jan (Month) 10 (Day) 1942 (Year)

8. AGE: Years 5 Months 1 Days 17 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Percy McGee
13. Birthplace Punchtooler La (City, town, or county) (State or foreign country)

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

16. (a) Informant Percy McGee
(b) Address 1414 Cass Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-47 (Month) (Day) (Year)
(c) Place: burial or cremation Washington Park

18. (a) Signature of funeral director Mose Vassar
(b) Address 2812 Cass

19. (a) MAR 5 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 27 year 1947 hour 6 minute 08 A.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 1 2 3 4 Burns of the body of more than [illegible] and lay suffered with them [illegible] Duration

Due to [illegible] clothing became ignited by stove at her home 1414 Cass Ave. on Feb 30 - 1947 as above 12:05 A.M.

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) Accident
(b) Date of occurrence Feb 30 1947 (Month) (Day) (Year)
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Burns

23. Signature [illegible] (M. D. or other)
Address [illegible] Date signed 3/5/47

(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 Theodore T Yandell

Licensed Embalmer No. 4243

P. O. Address 927 N Elm Rd Webster Groves Mo

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.