

No. 2  
-12-45  
-17-39  
X47070

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED MAR 6 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
**STANDARD CERTIFICATE OF DEATH**

7432/  
State File No. \_\_\_\_\_  
Registrar's No. **460**

Registration District No. **317**

Primary Registration District No. **6076**

**1. PLACE OF DEATH:**

(a) County **St. Louis**  
(b) City or town **Jefferson Barracks**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**Veterans Administration Hospital**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **since 12-18-46**  
(Specify whether years, months or days) **6 years**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Illinois** (b) County **St. Clair** **999**  
(c) City or town **East St. Louis** **11**  
(If outside city or town limits, write "RURAL") **0**  
(d) Street No. **1218a Baker Avenue** **2**  
(If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME MC CREE, Earnest**

3. (b) If veteran, name war **World War II** 3. (c) Social Security No. **426 26 0736**

4. Sex **male** 2 5. Color or race **negro**  
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 **December 1 1921**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>25</b>	<b>2</b>	<b>25</b>	hr. min.

9. Birthplace **Mobile, Alabama**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name **Robert McCree**  
13. Birthplace **Mobile, Alabama**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Mary Crawford**  
15. Birthplace **Mobile, Alabama**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, Veterans Adm. Hospital**  
(b) Address **Jefferson Barracks, Missouri**  
17. (a) **Removal** (b) Date thereof **2-28-47**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Greenville, Miss.**

18. (a) Signature of funeral director **Gates Funeral Home**  
(b) Address **St. Louis, Missouri**  
19. (a) **2-28-47** (b) **W. S. Allen m.o.**  
(Date received local registers) (Registrar's signature) **Ac**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **February** day **26**  
year **1947** hour **1:15** minute **A.** M.  
21. I hereby certify that I attended the deceased from **12-18-46**  
\_\_\_\_\_, 19\_\_\_\_, to **2-26-47**, 19\_\_\_\_;  
that I last saw him alive on **2-26-47**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **PNEUMONIA, FRIEDLANDER'S** Duration **UNK.**

Due to \_\_\_\_\_  
Due to **117-a**

Other conditions **ULCER, GASTRIC** Duration **UNK.**  
(Include pregnancy within 3 months of death)

Major findings: **Gastrectomy 2-17-47** PHYSICIAN \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy **Autopsy performed (see Cause of Death)**  
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) **no**  
(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) (c) Means of injury **0**  
23. Signature **L. E. Steurer** (M. D. or other) \_\_\_\_\_  
Address **Vet. Adm. Hosp., Jeff. Bks., Mo.** Date signed **2-26-46**

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

APR 14 1967

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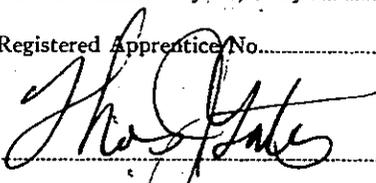
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....Thomas J. Gates....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

  
.....  
Licensed Embalmer No. 4259

P. O. Address. 4107 Finney Ave.

**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.**