

Registration District No. **318** Primary Registration District No. **100**

1. PLACE OF DEATH:

(a) County None
(b) City or town Saint Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1810 Goode Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 20 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None
(c) City or town Saint Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1810 Goode Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

McGHEE, Alfred

3. (b) If veteran, name war _____ 3. (c) Social Security No. 078-05-1120

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rosie McGhee 6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased December 15, 1899
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
47 3 13 hr. min.

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

10. Usual occupation Porter

11. Industry or business Security National Bank

MOTHER FATHER
12. Name Alex McGhee
13. Birthplace Carroll County Mississippi
(City, town, or county) (State or foreign country)
14. Maiden name Emma Unavailable
15. Birthplace Carroll County Mississippi
(City, town, or county) (State or foreign country)

16. (a) Informant Rosie McGhee
(b) Address 1810 Goode Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/47
(Month) (Day) (Year)
(c) Place: burial or cremation Washington Park Cem

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAR 31 1947 (Date received local registrar) J. F. Budek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th
year 1947 hour 5 minute 3 a. m.

21. I hereby certify that I attended the deceased from August 14, 1946 to March 28, 1947
that I last saw him alive on March 28th, 19. 47
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) GI

Major findings: Of operations _____

Of autopsy N.D.

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) (c) Means of injury 0

23. Signature J. F. Edman (M. D. or other) Address 1936A Franklin Avenue Date signed 3-29-47

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

..... John K. Cunningham, Registered Apprentice No. 452
working under my personal supervision.

Signed..... 

Licensed Embalmer No. ~~1825~~ 4259

P. O. Address 4107 Finney Avenue

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.