No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19113

FILED JUN 5 1947

Registration District No. 818

Primary Registration District No. 1003

Registrar's No. 5178

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

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 hrs; 45 min (Specify whether
In this community 29 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2845 Delmar 9
21 (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Birch Mc Gee

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Addie McGee

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased February (Month) 10 (Day) 1893 (Year)

8. AGE:

Years	Months	Days	If less than one day
54	3	11	hr. min.

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

10. Usual occupation Nil

11. Industry or business Unknown

FATHER
12. Name Unknown
13. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown 9 (City, town, or county) (State or foreign country)

16. (a) Informant Sadye Jenkins
(b) Address Homer G Phillips Hospital

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation National Cem. Jefferson Barracks

18. (a) Signature of funeral director [signature]
(b) Address 3517 Sackett Ave

19. (a) MAY 24 1947 (Date received local registrar) (b) J. T. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1947 hour 6 minute P M.

21. I hereby certify that I attended the deceased from 5-20 1947 to 5-21 1947 that I last saw him alive on May 21 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage	Undet.
Due to	
Due to	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy No	

PHYSICIAN

Underline the cause of 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 0

23. Signature E.B. Williams (M. D. [redacted])

Address 2601 N Whittier Date signed 5/23/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1947

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 Edgar H. Green, Registered Apprentice No. 513, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 1173

P. O. Address 3517 Laclede 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.