S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
(National Office of Vital Statistics)

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33325

Registration District No. 377 — Primary Registration District No. 6076 — Registrar's No. 1944

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: August 27, 1947 (Specify whether years, months or days)
In this community: 5 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: --
(c) City or town: St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No.: 1903 Cole St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: MC BEE, Jake
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 492-30-1010
4. Sex: Male
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: --
6. (c) Age of husband or wife if alive: -- years
7. Birth date of deceased: April (Month) 19 (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
57	4	24	hr. min.

9. Birthplace: McOndy, Mississippi (City, town, or county) (State or foreign country)
10. Usual occupation: Dish washer
11. Industry or business:
FATHER
12. Name: Jake McBee
13. Birthplace: West Point, Miss. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Lizzie (Maiden name unknown)
15. Birthplace: West Point, Miss. (City, town, or county) (State or foreign country)
16. (a) Informant: Registrar, Vet. Adm. Hospital
(b) Address: Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/17/47 (Month) (Day) (Year)
(c) Place: burial or cremation: National Cemetery
18. (a) Signature of funeral director: Chas. J. Gates
(b) Address: 4107 Finney, St. Louis, Missouri
19. (a) 9-16-47 (Date received local registrar) (b) Beula Shafer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 12 year: 1947 hour: 8:40 minute: P. M.
21. I hereby certify that I attended the deceased from August 27, 1947 to September 12 1947; that I last saw him alive on September 12 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	Unknown
Due to: -	
Due to: -	
Other conditions (Include pregnancy within 3 months of death): Cirrhosis of Liver; Anemia; Pyelonephritis, malnutrition	Unknown
Major findings: Of operations: No operation	
Of autopsy: See cause of death	

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): 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? (Specify type of place)
While at work? (e) Means of injury:
23. Signature: L. E. Sellers (M. D. ~~or other~~)
Address: Veterans Administration Hospital Date signed: Sept. 13, 1947

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 Thomas J. Gates, Registered Apprentice No. ....., working under my personal supervision.

Signed Thos J Gates

Licensed Embalmer No. 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.