

No. 30-10-37-5-17-39
PI 3906

FILED MAR 15 1948
Registration District No. 318

Primary Registration District No. 1003

WRITE PLAINLY—USE 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:
1726 N. Pendleton Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis / 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1726 N. Pendleton Avenue / 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Evelyn McGee

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Kenny McGee 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased August 2nd, 1866
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 7 0 hr. min.

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

10. Usual occupation Laundress
Private Family

11. Industry or business _____

12. Name Unavailable 9

13. Birthplace "
(City, town, or county) (State or foreign country)

14. Maiden name Lettie Holly

15. Birthplace Savannah, Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant Dora Pope
(b) Address 1726 N. Pendleton Avenue

17. (a) Burial (b) Date thereof 3 5 48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery
(d) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Avenue

19. (a) MAR 4 1948 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 2nd
year 1948 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 43 to 3/2 1948
that I last saw h alive on 3/1 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial insufficiency
Duration 5 years

Due to _____
Due to _____
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) _____
(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 a _____ (Specify type of place) (e) Means of injury _____
23. Signature J. F. Budeck (M. D. or other) _____
Address 4322a Easton Avenue Date signed _____

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. 4476 working under my personal supervision.

Signed

John K. Cunningham

Licensed Embalmer No. 4476

P. O. Address 7107 Sunny

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.