

13-00000
10-47
7-39
3906

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 St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Enroute City Hospital 3
(d) Length of stay: In hospital or institution _____
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County McLean 999
(c) City or town Bloomington
(d) Street No. 505 McGregor 6
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Clarence Melvin Gee

3: (b) If veteran, name war _____ 3: (c) Social Security No. 709-12-0268

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marjorie 6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased February 10 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 6 22 hr. min.

9. Birthplace Bloomington, Ill
(City, town, or county) (State or foreign country)

10. Usual occupation Brakeman Conductor

11. Industry or business _____

12. Name John R. Gee

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

14. Maiden name Ida Bataholder

15. Birthplace McLean Co, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Marjorie Gee

(b) Address 505 McGregor, Bloomington, Ill

17. (a) Removal (b) Date thereof 9-3-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Bloomington, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 3 1948 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 2
year 1948 hour 11:30 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion Duration _____
Coronary Sclerosis

Due to _____
Due to 9/4
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) _____
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 Dr. Clifford J. Perry (M. D. or other) DDS
Address Dr. Carmon Date signed 9/3/48

1784

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed Robert M. Murray

..... Licensed Embalmer No. 3749

..... P. O. Address St. Louis, Mo

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.