

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27995**
Registrar's No. **7455**

FILED SEP 7 1948 **3/8**
Registration District No. _____

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months (Specify whether)
In this community 20 years (years, months or days)

3. (a) PRINT FULL NAME William McVey
3. (b) If veteran, Nil 3. (c) Social Security No. None
name war _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Beylah 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased December 18, 1875
(Month) (Day) (Year)

8. AGE: Years 72 Months 8 Days 72 If less than one day
hr. _____ min.

9. Birthplace Greene County, Illinois (City, town, or county) (State or foreign country)
10. Usual occupation Guard (retired)

11. Industry or business _____
12. Name Sam McVey
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant Howard McVey
(b) Address 4464 Shaw Blvd.
17. (a) Removal (b) Date thereof 8/26/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation White Hall, Illinois
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) AUG 26 1948 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Ass
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 1811 So. Newstead Avenue (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 25th
year 1948 hour 6 minute 16 A M.
21. I hereby certify that I attended the deceased from 5/17/48
_____, 19____, to Aug. 25th, 1948
that I last saw him alive on Aug. 25th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia Duration _____

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy As above

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? _____

(Specify type of place)
While at work? _____ (e) Means of injury _____
Signature Frank E. H. O. (M. D. or other) _____
Address 1515 Lafayette 8/25/48 Date signed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

C. H. Cooper

Licensed Embalmer No.....

3830

P. O. Address.....

2301 Lafayette

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.