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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 23 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35157

Registration District No. 317 Primary Registration District No. 6676 Registrar's No. 2406

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Balwin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pine Crest Nursing Home 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96
(c) City or town Wellston 0
(If outside city or town limits, write "RURAL")
(d) Street No. 6132 Ella Ave 0
(If rural, give location) 0
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Ida May McGee McGee
3. (b) If veteran, name war NO
3. (c) Social Security No. NONE
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Andrew McGee
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased April 22 1879
(Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	5	23	..... hr. ..... min.

9. Birthplace Marble Hill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housework
11. Industry or business .....
FATHER
12. Name George Cole
13. Birthplace Marble Hill (City, town, or county) Missouri (State or foreign country)
MOTHER
14. Maiden name Margarette Masters
15. Birthplace Marble Hill (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Fern Myrick
(b) Address 6132 Ella Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 15 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemt.
18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave
19. (a) 10-16-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th
year 1948 hour 3:00 minute P. M.
21. I hereby certify that I attended the deceased from Sept. 1, 1948
Sept. 1st, 1948, to Oct 15, 1948
that I last saw her alive on Oct. 13, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic myocarditis	
Due to arteriosclerosis	
Due to 93d	
Other conditions none (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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0
23. Signature B. R. Loving (M. D. or other) MD
Address Ballwin, Mo. Date signed 10-15-48

(Licensed Embalmer's Statement on Reverse Side)

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 Elton R. H. Remelius

Licensed Embalmer No. 4283

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.