

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **35373**

FILED OCT 28 1949

1003

REGISTRAR'S NO. **8903**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		a. STATE Missouri	b. COUNTY St. Louis
c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Overland		d. STREET ADDRESS (If rural, give location) 2436-Northland Avenue
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. Baptist Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Florence	b. (Middle) Mary	c. (Last) McFee	4. DATE OF DEATH (Month) (Day) (Year)
				Oct. 15, 1949

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 13, 1881	9. AGE (In years last birthday) 68	10. MONTHS 3	11. HOURS 	12. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife	10b. KIND OF BUSINESS OR INDUSTRY XXXXXX	11. BIRTHPLACE (State or foreign country) Charleston, Ill.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Bradley	13b. MOTHER'S MAIDEN NAME Eleanor Downing	14. NAME OF HUSBAND OR WIFE Arthur P. McFee, Dcd.
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None	17. INFORMANT'S SIGNATURE OR NAME Lyle M. Bradley	ADDRESS 2436-Northland Ave Overland
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho Pneumonia; In Clavicle		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. In Right Arm, suffered when deceased fell down the steps leading to the basement at 3519 1/2 Marshall Ave on Oct 1st 1949, at about 555 pm		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Accident	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. 1860
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct 1 49 555 p.m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 800 V
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **4:00 A.M.**, from the causes and on the date stated above. **10/16/49**

23a. SIGNATURE (Name or title) Joseph J. ...	23b. ADDRESS 1300 ...	23c. DATE SIGNED 10/17/49
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24. BURIAL, CREMATION, OR REMOVAL (Specify) Burial	24b. DATE 10-17-49	24c. NAME OF CEMETERY OR CREMATORY Lake Charles Park	24d. LOCATION (City, town, or county) (State) Wellston, Mo.
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DATE REC'D BY LOCAL REG. OCT 17 1949	REGISTRAR'S SIGNATURE J. B. Foster	25. FUNERAL DIRECTOR'S SIGNATURE Shumann Bros. Inc.	ADDRESS 2504-Woodson Rd-Overland, Mo.
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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 345

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed David C. Gibson

Licensed Embalmer No. 3457

P. O. Address Overland 14

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.