

FILED NOV 10 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

 State File No. **35374**  
**9396**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis, Missouri</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Saint Louis</b>		17		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>936 Laurel Place /</b>				d. STREET ADDRESS (If rural, give location) <b>936 Laurel Place</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>			b. (Middle) <b>J.</b>		c. (Last) <b>Mc Ghee</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>October 29th, 1949</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 5th, 1887</b>	9. AGE (In years last birthday) <b>62</b>	IF UNDER 1 YEAR Months <b>3</b> Days <b>24</b>	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Maintenance Man</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carter Carb. Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Omaha, Illinois /</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>Leonard L. Mc Ghee</b>			13b. MOTHER'S MAIDEN NAME <b>Lucinda Truex</b>		14. NAME OF HUSBAND OR WIFE <b>Florence Mc Ghee nee Coburn</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>488-10-6680</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Florence Mc Ghee, 936 Laurel Place</b>				
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, asthma, etc. It means the disease, injury, or complication which caused death.								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cachexia</b>						INTERVAL BETWEEN ONSET AND DEATH <b>3 mo.</b>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma of the stomach</b>						1 yr.		
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <b>6/18/49</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach</b>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Hb</b>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>151X</b>				
22. I hereby certify that I attended the deceased from <b>June 11, 1949</b> , to <b>October 28, 1949</b> , that I last saw the deceased alive on <b>Oct. 28, 1949</b> , and that death occurred at <b>1:30 A. m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>Harry K. Peinert M.D.</b>				23b. ADDRESS <b>4660 Maryland Ave.</b>		23c. DATE SIGNED <b>10/31/49</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>11/1/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Laurel Hill Gardens</b>		24d. LOCATION (City, town, or county) (State) <b>Saint Louis County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>NOV 1</b>		REGISTRAR'S SIGNATURE <b>J.B. Harster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Calvin F. Feutz, 4828 Natural Bridge Blvd.</b>				

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

7000 Maryland

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Ralph C. Linders

Licensed Embalmer No. 4275

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.