

FILED MAY 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15269

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 1169

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|--|---|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u> | c. LENGTH OF STAY (In this place) <u>53 da</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES</u> <u>4577</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY HOSPITAL</u> | | d. STREET ADDRESS (If rural, give location) <u>304 GREELEY AVE</u> | |

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|--|----------------------------------|----------------------------|--------------------------|---|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>WILLIAM HARLAN</u> | b. (Middle) <u>MC GHEE</u> | c. (Last) <u>MC GHEE</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 4-1950</u> |
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| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>FEB. 3-1875</u> | 9. AGE (In years last birthday) <u>75</u> | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CLERK</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>RAILWAY MAIL</u> | 11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>DAVID H. MC GHEE</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY BLACK</u> | 14. NAME OF HUSBAND OR WIFE <u>SUSAN MC GHEE</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME <u>RUSSELL H. MC GHEE</u> | ADDRESS |
|--|-------------------------|--|---------|

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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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary protuberance</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>177X</u> |
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| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | DUE TO (b) | DUE TO (c) |
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| 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 <u>177X</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) |
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| 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? |
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22. I hereby certify that I attended the deceased from 1948 to May 4, 1950, that I last saw the deceased alive on May 4, 1950, and that death occurred at 12:15 P.M., from the causes and on the date stated above.

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|--------------------------------------|-------------------|--------------------------------------|------------------|
| 23a. SIGNATURE <u>[Signature]</u> | (Degree or title) | 23b. ADDRESS <u>5222 N. Beard</u> | 23c. DATE SIGNED |
|--------------------------------------|-------------------|--------------------------------------|------------------|

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|--|--------------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>MAY-6-1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>OAK HILL CEM</u> | 24d. LOCATION (City, town, or county) (State) <u>KIRKWOOD MO</u> |
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| DATE REC'D BY LOCAL HEALTH DEPT. <u>MAY 6 1950</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> | ADDRESS <u>WEBSTER GROVES MO</u> |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

205

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 _____

Leslie Welch

Licensed Embalmer No. _____

4395

P. O. Address _____

Helster Groves

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.