

FILED JUN 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18858
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1260

State File No. _____
Registrar's No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3066

| | | | |
|--|--|---|---|
| 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 OR TOWN <u>Kirkwood</u> c. LENGTH OF STAY (in this place) <u>27 yrs</u> | | c. CITY OR TOWN <u>Kirkwood</u> <u>4773</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>242 Aldridge St.</u> | | d. STREET ADDRESS (If rural, give location) <u>242 Aldridge Street</u> | |
| 3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) _____ c. (Last) <u>McGee</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5/13/50</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Negro</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>3/24/1891</u> |
| 9. AGE (In years last birthday) <u>59</u> | IF UNDER 1 YEAR Months <u>1</u> Days <u>19</u> | IF UNDER 2 HRS. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Nat'l Lead Co.</u> | 11. BIRTHPLACE (State or foreign country) <u>Clark Co., Mississippi</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
| 13a. FATHER'S NAME <u>Miles McGee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Sarah McGowan</u> | 14. NAME OF HUSBAND OR WIFE <u>Estella McGee</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____ | | 16. SOCIAL SECURITY NO. <u>494-03-6344</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Estella McGee</u> ADDRESS <u>242 Aldridge Street</u> |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio-sclerotic Heart Disease</u> 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 _____ | | 19b. MAJOR FINDINGS OF OPERATION <u>331X</u> | |
| 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) | |
| 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? _____ | |
| 22. I hereby certify that I attended the deceased from <u>11-19</u> , 19 <u>49</u> , to <u>5-12</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-17</u> , 19 <u>50</u> , and that death occurred at _____ m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>Harold C. Madson M.D.</u> | | 23b. ADDRESS <u>Kirkwood Mo</u> | 23c. DATE SIGNED <u>5/15/50</u> |
| 24a. BURIAL / CREMATION, REMOVAL (Specify) <u>Funeral Home</u> | 24b. DATE <u>5/19/50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Father Dickson</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood, Missouri</u> |
| DATE REC'D BY LOCAL REG. <u>5-17-50</u> | REGISTRAR'S SIGNATURE <u>Harold C. Madson</u> | FUNERAL DIRECTOR'S SIGNATURE <u>Chas. J. Gates</u> ADDRESS <u>4107 Finney Avenue</u> | |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Frank J. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. ~~4476~~ 4259

P. O. Address 4107 Finney Avenue

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.