

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4219

State File No.
Registrar's No. 0038

FILED JAN 17 1953

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 590

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|---|--|---|--|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis County</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>SL. CO.</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rock Hill</u> | | c. LENGTH OF STAY (in this place) <u>2 yrs. 9 mo.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WEBSTER GROVES, MO</u> | | d. STREET ADDRESS (If rural, give location) <u>304 GREELEY 4511</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rock Hill Rest Home</u> | | | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>SUSAN</u> b. (Middle) <u>Leola</u> c. (Last) <u>McGhee</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 5, 1953</u> | | |
| 5. SEX <u>fe</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Oct-16-1873</u> | 9. AGE (In years last birthday) <u>79</u> | 10. IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | 10b. KIND OF BUSINESS OR INDUSTRY _____ | 11. BIRTHPLACE (State or foreign country) <u>ANDERSON CO. MO.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME <u>JOHN G. TIPTON</u> | | 13b. MOTHER'S MAIDEN NAME <u>IDA STEPHENS</u> | | 14. NAME OF HUSBAND OR WIFE <u>W. H. MCGHEE</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>RUSSELL H MCGHEE</u> ADDRESS <u>354 ADDRESS ST. ROCK HILL</u> | | | |
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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>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4221</u> | | | INTERVAL BETWEEN ONSET AND DEATH |
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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | 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) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 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 April 26, 1950, to Jan. 5, 1953, that I last saw the deceased alive on Jan 5, 1953, and that death occurred at 3:22 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. W. H. Merkle M.D.</u> | 23b. ADDRESS <u>3507 Potomac</u> | 23c. DATE SIGNED <u>Jan 5, 1953</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Jan 7-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkwood MO</u> |
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| DATE REC'D BY LOCAL REG. <u>1-6-53</u> | REGISTRAR'S SIGNATURE <u>Hester R. Stank</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hester R. Stank - 414 N. Main - Webster Groves - MO</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Leslie Welch*
Licensed Embalmer No. *4395*

P. O. Address *Holmes Street*

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.