

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12843

State File No. \_\_\_\_\_

 XC. 406326  
 REG # 104825  
 FILED MAR 21 1953

 BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 744

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>JEFFERSON BARRACKS</u>		c. LENGTH OF STAY (In this place) <u>179 DAYS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VETERANS ADMINISTRATION HOSP</u>		5. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u> <u>2059</u>	
		d. STREET ADDRESS (If rural, give location) <u>6210 WAGNER</u> <u>1</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>ROY</u>	b. (Middle) <u>L</u>	c. (Last) <u>MC GHEE</u>	(Month) <u>3-7-53</u>	(Day)	(Year)
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>12-12-1891</u>	9. AGE (In years last birthday) <u>61</u>	# UNDER 1 YEAR Months   Days   Hours   Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>PAINTER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SELF EMPLOYED</u>		11. BIRTHPLACE (City and State, or Foreign Country) <u>CENTRALIA, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>HENRY A. MC GHEE</u>	13b. MOTHER'S MAIDEN NAME <u>JOELLA SEWELL</u>	14. NAME OF HUSBAND OR WIFE <u>ELSIE F. MC GHEE</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <u>YES</u>	16. SOCIAL SECURITY NO. <u>490096148</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS., MO.</u>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 YRS</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>THROMBOSIS OF CEREBRAL VESSEL</u>		DUE TO (b) <u>CEREBRAL ARTERIOSCLEROSIS</u>		
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>334X</u>		

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) <u>VA</u> m.	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 9-9-52, 1952, to 3-7-53, 1953, that ~~XXXXXXXXXXXXXXXXXXXX~~ XXXXXXXXXXXXXXXXXXXX and that death occurred at 5:45 A m., from the causes and on the date stated above.

23a. SIGNATURE OF REGISTRAR <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>VAH JEFFERSON BARRACKS, MO.</u>	23c. DATE SIGNED <u>3-7-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Mar. 10, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>NATIONAL CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JEFFERSON BARRACKS, MO.</u>
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DATE REC'D BY LOCAL REG. <u>3-7-53</u>	REGISTRAR'S SIGNATURE <u>Herbert R. Domba MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Jos. W. Clark, 1125 Hodiamont Ave.,</u>	ADDRESS
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524 (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 Alfred J. Preleker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodgkinson

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.