

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13626

State File No. ....

XC # 1884 56 90

REG # 7447

FILED MAY 9 1955

318

PRIMARY REG. DIST. NO. 1003

Registrar's No. ....

3436

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) TOWN 915 N. GRAND, ST. LOUIS, MO.		STREET ADDRESS 115 REASOR AVENUE			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSP.		3. NAME OF DECEASED a. (First) JORDAN		b. (Middle) D	
c. (Last) MC CREE		4. DATE OF DEATH 4-16-55			
5. SEX MALE	6. COLOR OR RACE NEGRO	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-2-95	9. AGE (in years last birthday) 59	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.	11. BIRTHPLACE (City and State or Foreign Country) PACHUTA, MISSISSIPPI		12. CITIZEN OF WHAT COUNTRY? USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER	10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION	13a. FATHER'S NAME WILLIAM MC CREE		13b. MOTHER'S MAIDEN NAME LILLY CAMPBELL	
13c. NAME OF HUSBAND OR WIFE MENNIE MC CREE		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MISSOURI		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchogenic Carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH Unknown	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gangrene left foot</u>			
19a. DATE OF OPERATION 4-2-55		19b. MAJOR FINDINGS OF OPERATION Sero Sanguinous Right Pleural Effusion		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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? 162 X			
22. I hereby certify that I attended the deceased from 3-27-55, 19__, to 4-16-55, 19__, and that death occurred at 9:50 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Robert M. Heysse		23b. ADDRESS M. D. VAH, ST. LOUIS, MISSOURI		23c. DATE SIGNED 4-16-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE April 20, 1955	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, MO		
DATE REC'D BY LOCAL REG. APR 18 1955	REGISTRAR'S SIGNATURE Carl Smith	25. DIRECTOR'S SIGNATURE Theodore J. Younce		ADDRESS 180 Eldridge	

(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.....  
Signature of Student Embalmer

Signed.....  
*Frederic J. Yandee*

Licensed Embalmer No. *42*

P. O. Address *1308 Lda  
Hester Grove 19*

- 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.