

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14705

State File No.

FILED APR 30 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **3212**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place) 2 Weeks		c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
3. NAME OF DECEASED (Type or Print) a. (First) DANIEL b. (Middle) MONROE c. (Last) McGEE		4. DATE OF DEATH (Month) (Day) (Year) 3 27 56		e. STREET ADDRESS (If rural, give location) 23 908 Rutger St. 22370	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1-23-1880	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Annie McGee		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Christine Lewis, 3722 Kosciusko		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Shock; Multiple Fractures;		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Yard		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo (COUNTY) 46 (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 8 56 12p		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? collapsing wall in the rear of 910 Rutger Str., about 1255 pm	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:50 A m., from the causes and on the date stated above.		23a. SIGNATURE (Degree or title) Patrick P. Taylor Coroner		23b. ADDRESS 1300 Clark	
23c. DATE SIGNED 3-29-56		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-30-1956	
24c. NAME OF CEMETERY OR CREMATORY Valle Mines Cem.		24d. LOCATION (City, town, or county) (State) Valle Mines, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin F.H., Inc., 2301 Lafayette	
DATE REC'D BY LOCAL REG. MAR 29 1956		REGISTRAR'S SIGNATURE Carl Smith MD		ADDRESS McLaughlin F.H., Inc., 2301 Lafayette	

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..... *James R. Chapman*

Licensed Embalmer No. *45*

P. O. Address *St. Louis*

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.