

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26335

State File No.

FILED JUL 31 1957

REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

Registrar's No. 6881

BIRTH NO. _____		REG. DIST. NO. <u>318</u>		PRIMARY REG. DIST. NO. <u>1003</u>		Registrar's No. <u>6881</u>			
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>St. Louis</u>				c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. LENGTH OF STAY (in this place)				STREET ADDRESS (If rural, give location) <u>222 1/2 2602a Hickory</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>01 2602a Hickory</u>									
3. NAME OF DECEASED a. (First) <u>Ethel</u>			b. (Middle)			c. (Last) <u>McCree</u>			
4. DATE OF DEATH <u>July 18, 1957</u>			5. SEX <u>Female</u>			6. COLOR OR RACE <u>Negro</u>			
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			8. DATE OF BIRTH <u>July 2, 1902</u>			9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR Months <u>0</u> Days <u>16</u> IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Morefield, Kentucky</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>Alex Emmonds</u>			13b. MOTHER'S MAIDEN NAME <u>Rebecca Jones</u>			
14. NAME OF HUSBAND OR WIFE <u>James McCree</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) -----			16. SOCIAL SECURITY NO. <u>Unknown</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Juanita Ford</u>			ADDRESS <u>1200 Hickory St.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>				INTERVAL BETWEEN ONSET AND DEATH <u>7-18-57.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive Cardiovascular Disease.</u>				DUE TO (c)				Feb. 57.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443x</u>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 <u>2-4</u> , 1957, to <u>7-18</u> , 1957, that I last saw the deceased alive on <u>7-17</u> , 1957, and that death occurred at <u>6:45 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>J. E. K. ... M.D.</u>				23b. ADDRESS <u>2702a Franklin</u>		23c. DATE SIGNED <u>7-19-57</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>7/26/57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakdale Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lemay, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>JUL 23 57</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. G. Koon</u>		ADDRESS <u>1221 N. Grand Blvd.</u>			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

M. J. B.

(Licensed Embalmer's Statement on Reverse Side)

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

Milvin Blackman

Licensed Embalmer No. 396

P. O. Address 1221 N. 4th

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.