

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-007523
STATE FILE NUMBER
1724

FILED MAR 5 - 1958

Registration District No. 318 Primary Registration District 1003 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>MO.</i> b. COUNTY <i>1</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>MO. PAC. HOSP.</i>		Length of stay in lb <i>27</i> STREET ADDRESS <i>3500 Victor St.</i> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <i>WILLIAM MACK MCGEE</i>		4. DATE OF DEATH <i>2/11/58</i>	
5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	
8. DATE OF BIRTH <i>11/16/1893</i>		9. AGE (In years last birthday) <i>65</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Spec. officer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	
11. BIRTHPLACE (City and state or country) <i>Louisiana</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Unknown McGee</i>		14. MOTHER'S MAIDEN NAME <i>Emma Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes WW I</i>		16. SOCIAL SECURITY NO. <i>490-07-0959</i>	
17. INFORMANT <i>Ethelda McGee</i>		Address <i>3500 Victor St.</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) <i>420.1</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <i>Pulmonary infarction (Multiple)</i>			INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from <i>2/7/58</i> to <i>2/11/58</i> and last saw ^{her} him alive on <i>2/11/58</i> Death occurred at <i>4:45 PM</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Clifford M. D.</i>		22b. ADDRESS <i>The Pae Loop</i>	
22c. DATE SIGNED <i>2-12</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>2-14-58</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Memorial Park Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>	
24. FUNERAL DIRECTOR <i>Albert H. Hoppe</i>		ADDRESS <i>4700 Washington Blvd.</i>	
25. DATE RECD. BY LOCAL REG. <i>FEB 13 '58</i>		26. REGISTRAR'S SIGNATURE <i>Carl Smith</i>	

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
0300
1-56
All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.
Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *W. W. Wilkinson*

Licensed Embalmer No. *35*

P. O. Address *N. L.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.