

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-011972
STATE FILE NUMBER
2579

FILED MAR 19 1958

Registration District No. _____

318

Primary Registration District No. _____

1003

Registrar's No. _____

2579

300
1-57

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, give TOWNSHIP only) OR TOWN St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>27 Homer G. Phillips</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>2190 7 No. Compton</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Foster McGee (McGhee)</i>			4. DATE OF DEATH Month Day Year <i>2 28 58</i>		
5. SEX <i>2 Male</i>	6. COLOR OR RACE <i>Negro</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>Mar. 10, 1882</i>	9. AGE (In years last birthday) <i>75</i>	10. UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>	11. BIRTHPLACE (City and state or country) <i>La Grange, Ga</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>
13a. FATHER'S NAME <i>Foster McGhee</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Farrar</i>		14. NAME OF HUSBAND OR WIFE <i>Helen McGhee</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>NO</i>	16. SOCIAL SECURITY NO. <i>Unk</i>	17. INFORMANT Address <i>Helen McGhee, 7a N. Compton</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>Cardiac Insufficiency</i> DUE TO (b) <i>Arteriosclerotic heart disease</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Carcinoma of Cecum (suspected)</i>					INTERVAL BETWEEN ONSET AND DEATH <i>undet.</i>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from <i>2-5-58</i> to <i>2-28-58</i> and last saw ^{her} _{him} alive on <i>2-28-58</i> Death occurred at <i>1:25</i> A <i>A</i> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>J. A. Drosser</i> (Degree or title)		22b. ADDRESS <i>M.D. 2601 Whittier Street</i>		22c. DATE SIGNED <i>2-25-58</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>2/6/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenwood</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis C., Missouri</i>	
24. FUNERAL DIRECTOR ADDRESS <i>R. M. C. Green, 4060 Washington</i>		25. DATE RECD. BY LOCAL REG. <i>MAR 4 58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith mo</i> <i>m86</i>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Melvin E. Green*

Licensed Embalmer No. *4478*
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.