No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 58-041910

FILED NOV 21 1958

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10743

1. PLACE OF DEATH
a. COUNTY: ST LOuis MO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis MO
c. LENGTH OF STAY (in this place): 12 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 01 5232 COte Brilliant 3469

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: St LOuis MO
b. COUNTY: /
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Louis MO
d. STREET ADDRESS (If rural, give location): 5232 COte Brilliante

3. NAME OF DECEASED (Type or Print)
a. (First): JOhn
b. (Middle): C
c. (Last): Mc Ghee 3

4. DATE OF DEATH (Month) (Day) (Year): 11 7 1958

5. SEX: Male 2

6. COLOR OR RACE: NegrO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: 6 29 1898

9. AGE (In years last birthday): 60 | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LeOnsOn COrrugated BOxes

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and State or Foreign Country): Liberity Mississippi

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: JiM MCGhee

13b. MOTHER'S MAIDEN NAME: Emeline Burkes

14. NAME OF HUSBAND OR WIFE: Anna MCGHee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 426_14_1062

17. INFORMANT'S SIGNATURE OR NAME: Anna MC GHee
ADDRESS: 5232 COte Brilliante

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 420,1

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: /

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

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 608A m., from the causes and on the date stated above.*

23a. SIGNATURE: James H Kelly (Degree or title) Clerk 3

23b. ADDRESS: 1300 Clark

23c. DATE SIGNED: 11-10-58

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 11 14 1958

24c. NAME OF CEMETERY OR CREMATORY: WashingtOn Park

24d. LOCATION (City, town, or county) (State): St LOuis COunty Mo

DATE REC'D BY LOCAL REG.: NOV 10 '58

REGISTRAR'S SIGNATURE: Earl Smith M.D.

25. FUNERAL DIRECTOR'S SIGNATURE: John W BrOOM
ADDRESS: 2616 N Garrison

(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 _____
Student Embalmer

Signed Leroy H. Bonnister

Licensed Embalmer No. 4523

P. O. Address 425, Washington

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 this body is not embalmed, fact should be so stated above.