MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

16691

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Lutheran Hospital St. ..... Ward)

File No. .....

Registered No. 4621

2. FULL NAME Katherine McConkey

(a) Residence. No. 8223 Reilly Av. St., 1 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Henry McConkey.

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 21 1878

7. AGE: Years 48 | Months 11 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Housework.

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Columbia Ill.

PARENTS

10. NAME OF FATHER: Geo Schneider

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Columbia Ill.

12. MAIDEN NAME OF MOTHER: Barbara Schmidt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Columbia Ill.

14. INFORMANT: Ida McConkey
(Address) 8223 Reilly Av.

15. FILED MAY 17 1927 19.. Max C Starkcoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 15 1927

17. I HEREBY CERTIFY, That I attended deceased from May 9, 1927, to May 15, 1927 that I last saw her alive on May 15, 1927, and that death occurred, on the date stated above, at 5.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute rheumatic fever

56E 51a (duration) ..... yrs. 1 mos. ..... ds.

CONTRIBUTORY (SECONDARY) .....

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? at home

O DID AN OPERATION PRECEDE DEATH? no. DATE OF .....

WAS THERE AN AUTOPSY? no.

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Edwin P. Meiners, M. D

May 16, 1927 (Address) 6600 Delmar Blvd,

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Columbia Ill

DATE OF BURIAL: May 17 1927

20. UNDERTAKER: Theo H. Biedermeier

ADDRESS: 1936 St Louis Av

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Cab 5042.