4 1928

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

14729

1. PLACE OF DEATH

County: St. Louis — Registration District No.: 1123

Township: Carondelet — Primary Registration District No.: 6148 B, — File No.:

City: Koch (No. ..... St. ..... Ward) — Registered No.: 140

2. FULL NAME Arthur McKell

(a) Residence. No. 2005 Eugenia St. St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred X yrs. X mos. 23 ds. 23 How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Male	Black	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of Alethia McKell

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 1, 1894

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	34	0	20	

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mississippi
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Tom McKell

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

12. MAIDEN NAME OF MOTHER Lulu Reeves

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

14. INFORMANT R. Koch Hosp. Records
(Address) Koch, Mo.

15. Apr. 21, 1928 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 21 1928

17. I HEREBY CERTIFY, That I attended deceased from 3/28/28, 19..., to 4/21/28, 19..., that I last saw him alive on 4/21/28, 19..., and that death occurred, on the date stated above, at 5:07 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ischiorectal Abscess

About (duration) x yrs. 3 mos. ..... ds.

CONTRIBUTORY (SECONDARY) Questionable Gastro-Intestinal Tbc

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) R. K. Ehrlich, M. D.

4/21/28, 19 (Address) Koch Hospital

*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: Washington Park — DATE OF BURIAL: 4-24 1928

20. UNDERTAKER: Peoples Undertaking Co — ADDRESS: 3100 Franklin