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

Do not use this space.

43042

1. PLACE OF DEATH

County ..... Registration District No. 1903 191

Township ..... Primary Registration District No. 1st 2

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

File No. 984

Registered No. .....

2. FULL NAME Eddie McKinney

(a) Residence, No. 2222 1/2 Clayton St., 22 Ward. (If nonresident, give city or town and State)

(Usual place of abode)

Length of residence in city or town where death occurred 5 yrs. mos. ds. 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	Col	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF - Vesta McKinney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-1-1886

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	45	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Tobacco

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

FATHER

13. NAME John McKinney

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Carr

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Gertrude Crabtree City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington U DATE 1-8 1932

19. UNDERTAKER Walter Richter
(ADDRESS) 3500 Rutger St

20. FILED ..... 191 .....

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-12-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-21-1931, to 12-12-1931

I last saw h. alive on 12-12-1931. Death is said to have occurred on the date stated above, at 4 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
93C	
Chronic Myocarditis	

Other contributory causes of importance 30

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) E. M. Smith, M. D.

(Address) City Hospital No 2

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.

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