JUL 27 1936

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

Do not use this space.

24164

1. PLACE OF DEATH
County St. Louis — Registration District No. 790 — File No.
Township — Primary Registration District No. 6833a — Registered No. 226
City Clayton (No. St Louis County Hospital Ward)

2. FULL NAME Boy Louis McKay Jr.
(a) Residence, No. (Usual place of abode) St., Ward. (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: Male
4. COLOR OR RACE: Col
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): New born.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 4-1936
7. AGE — YEARS — MONTHS — DAYS: 13 — If LESS than 1 day, ...hrs. or ....min.

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.
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): Clayton Mo.

FATHER
13. NAME: Louis McKay
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Creve Coeur Mo.

MOTHER
15. MAIDEN NAME: Ada Black
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Forrest City Ark

17. INFORMANT (ADDRESS): Ada McKay

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fee Fee Cem DATE June 19 1936

19. UNDERTAKER (ADDRESS): Baumann Bros Inc Overland Mo.

20. FILED 6-18 1936 Dr A J Signorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 17, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1936, to June 17, 1936
I last saw him alive on June 17, 1936. Death is said to have occurred on the date stated above, at 5:25 a.m.
The principal cause of death and related causes of importance were as follows:

Premature 7½ mos. 189

Other contributory causes of importance:
Athrepsia & Malnutrition

Date of onset

Name of operation — Date of
What test confirmed diagnosis? — Was there an autopsy?

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) G H Robinson, M. D.
(Address) St Louis Co. Hosp. Clayton, Mo.

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.

100M-11-24-33