JUL 14 1936

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791

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

City St Louis (No. 5090, Vernon Av St. ..... Ward)

File No. 24308

Registered No. 5922

2. FULL NAME R. Frank Mackey

(a) Residence, No. 5090 Vernon St. 12 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: Male

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: Dorothy Mackey

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Mch 10 1891

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
45	2	26	

OCCUPATION

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

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

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): Ind

FATHER

13. NAME: Robert L Mackey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

MOTHER

15. MAIDEN NAME: Mary Orr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ind

17. INFORMANT (ADDRESS): Dorothy Mackey 5090 Vernon Av

18. BURIAL, CREMATION, OR REMOVAL

PLACE Oak Grove Mausoleum DATE 6-9 1936

19. UNDERTAKER (ADDRESS): Arthur J Donnelly U. Co 3840 Lindell Pl

20. FILED ..... 19 ..... J F Bredeck Registrar.

JUN 8 1936

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 6, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 25, 1935, to June 6, 1936

I last saw him alive on June 6, 1936. 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:

Angina Pectoris — Date of onset July 1935

Other contributory causes of importance:

Infected Gums caused by Pyorrhea
Arthritis, Chronic

Name of operation none Date of ——

What test confirmed diagnosis? Physical 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? no

If so, specify .....

(Signed) Lewis Hutton M. D.

(Address) 3400 California Ave

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.

L. J. Hutton

3400 California

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