

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

Do not use this space.

1. PLACE OF DEATH

FEB 8 1937 791

4005

County.....

Registration District No. 1003

File No.....

Township.....

Primary Registration District No.....

Registered No. 1048

City St. Louis

(No. Bernard Skin & Cancer/Hosp. St. Ward)

2. FULL NAME

Chas. McKenna

(a) Residence, No. 3514 Alberta

St. 15

Ward. 1

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX

M

4. COLOR OR RACE

W

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Mary McKenna

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

Apr. 16 1864

7. AGE

YEARS

72

MONTHS

9

DAYS

6

If LESS than 1 day, hrs. or min.

OCCUPATION

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

unemployed

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

2 1/2

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN)

Nilwood Illinois

FATHER

13. NAME Charles R. McKenna

14. BIRTHPLACE (CITY OR TOWN)

Ireland

MOTHER

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN)

Dont Know

17. INFORMANT Mary McKenna

(ADDRESS) 3514 Alberta Street

18. BURIAL, CREMATION, OR REMOVAL

PLACE Alton Illinois DATE Jan. 25, 1937

19. UNDERTAKER

(ADDRESS) 2201 So. Grand Blvd.

20. FILED

JAN 23 1937

J. Bredeck Registrar

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

1-22 1937

22. I HEREBY CERTIFY, That I attended deceased from

Dec 11 1937 to 1-22 1937

I last saw him alive on Jan 22 1937 Death is said

to have occurred on the date stated above, at 3:30 p.m.

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

Bronchopneumonia Date of onset 1-20-37

Carcinoma of jaw lower part. 1 yr.

Other contributory causes of importance:

Name of operation Crisis lower part jaw Date of 1-19-37

What test confirmed diagnosis? Biopsy Was there an autopsy? yes

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) Pearson P. Kellogg M.D.

(Address) 3427 Washington

Every word of information should be carefully supplied. AOR should be stated EXACTLY. PHYSICIANS SIGNATURE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MEMORANDUM FOR THE RECORD
DATE: 1954
SUBJECT: [Illegible]

TO: [Illegible]
FROM: [Illegible]

RE: [Illegible]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]