

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

OCT 26 1937

35408
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis
(b) Township Jefferson
(c) City Richmond Heights
(e) Length of residence in city or town where death occurred

Registration District No. 1170
Primary Registration District No. 6248-H.
(d) Street No. St. Mary's Hospital
(If death occurred in Hospital or Institution, write its name instead of street and number)

Registered No. 217

2. PRINT FULL NAME

Robert E. McKenzie
(a) Residence, No. 5411 Rose Avenue
(Usual place of abode, if no street address, write county or city)

(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Morris McKenzie
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 22, 1863
7. AGE YEARS 73 MONTHS 9 DAYS 8
If LESS than 1 day, ... hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Cashier
9. Industry or business in which work was done, as saw mill, bank, etc. Bro. L.F. & E.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

13. NAME Joseph D. McKenzie
14. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

15. MAIDEN NAME Josephine Corr
16. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio

17. INFORMANT Mrs. D. J. Miller - Daughter
(ADDRESS) St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Oct. 4, 1937

19. FUNERAL DIRECTOR C. Hoffmeister U. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED Oct. 2, 1937 Sam A. Bassett
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug. 28, 1937 to Sep 30, 1937
I last saw him alive on 9-30, 1937. Death is said to have occurred on the date stated above, at 9:20 p.m.
The principal cause of death and related causes of importance were as follows:

Edema of lungs
Chronic Myocarditis

Date of onset
9-29

Other contributory causes of importance:
Epidemic Encephalitis 8-28.

Name of operation None Date of
What test confirmed diagnosis? Clinical 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 Thomas M. Martin M. D.
(Signed) 607 no Grand
(Address)

STATEMENT BY LICENSED EMBALMER

I, George W. Hoffmeister, Licensed Embalmer No. 2426
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Leo J. Budde, L.E. #3989
L.E. and Linus C. Hoffmeister, L.E. #3871
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Geo W Hoffmeister

Licensed Embalmer No. 2426

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)