

DEC 13 1937

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

39588

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **2834 South 18th Street** Registered No. **10575**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred **Life** mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Infant McKinney**

(a) Residence, No. **2834 South 18th Street** St. **24**
(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 **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Infant**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **November 13, 1937**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
5 Hours

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Infant**
9. Industry or business in which work was done, as 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) **St. Louis**
(STATE OR COUNTRY) **Missouri**

13. NAME **Fred McKinney**

14. BIRTHPLACE (CITY OR TOWN) **Brownwood**
(STATE OR COUNTRY) **Missouri**

15. MAIDEN NAME **Edna Sonntag**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis**
(STATE OR COUNTRY) **Missouri**

17. INFORMANT **Fred McKinney**
(ADDRESS) **2834 South 18th Street**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **St. Paul Churchyard** **11/15/37**

19. FUNERAL DIRECTOR **Allen St. M. Loughlin**
(ADDRESS) **2301 Lafayette Ave.**

20. FILED **NOV 15 1937** **J. Brudeck**
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 14, 1937**

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to 19.....
I last saw him alive on **Nov 13/1937** Death is said to have occurred on the date stated above, at **2 AM** m.
The principal cause of death and related causes of importance were as follows:

Date of onset

Signature
6 mos.
Other contributory causes of importance:
121

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) **A. S. Pines**, M. D.
(Address) **1803 Vandalia**

STATEMENT BY LICENSED EMBALMER

I, L.R. Cooper, Licensed Embalmer No. 3633
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed

L.R. Cooper
Licensed Embalmer No. 3633

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.)