

JAN 24 1938

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

46637  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 785  
(b) Township Dunklin Primary Registration District No. 6031  
(c) City Valley Park (d) Street No. Valley Park Mo. Registered No. 175  
(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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

MARGARET M. Mc KINNON  
(a) Residence, No. Valley Park Mo. St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female  
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 Joseph E. McKinnon  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 25-1868  
7. AGE YEARS 69 MONTHS 9 DAYS 23  
If LESS than 1 day, ..... hrs. or ..... min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife  
9. Industry or business in which work was done, as saw mill, bank, etc. Own home  
10. Date deceased last worked at this occupation (month and year) 1927  
11. Total time (years) spent in this occupation 50  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Glencoe Mo.  
13. NAME Wm. Beckman  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia  
15. MAIDEN NAME Peggy Heard  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky  
17. INFORMANT (ADDRESS) Charles Reed Valley Park Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Pond, Mo. DATE Dec-21-37  
19. FUNERAL DIRECTOR (ADDRESS) Shades Funeral Home Ballwin, Mo.  
20. FILED 12-20-1937 Agnes Kelly Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-18-1937  
22. I HEREBY CERTIFY, That I attended deceased from Dec 16, 1937, to Dec 18, 1937  
I last saw him alive on Dec 18, 1937. Death is said to have occurred on the date stated above, at 4:30 P.M.  
The principal cause of death and related causes of importance were as follows:  
6 opyph  
Date of onset 12-5-37  
Other contributory causes of importance: arteriosclerosis  
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) J. P. Knuth, M. D.  
(Address) Valley Park Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Information should be given as to cause of death. AGE should be stated EXACTLY. PHYSICIANS should state

STATEMENT BY LICENSED EMBALMER

I, Theo. Schradu, Licensed Embalmer No. 3066-

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. Theo. Schradu

No. 3066 or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Theo. Schradu

Licensed Embalmer No. 3066

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