

REC'D APR 11 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

1003

8989

Do not use this space.

Registered No. 2578

1. PLACE OF DEATH **Homer G Phillips Hospital**
- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City **St. Louis** (d) Street No. **2501** N Whittier St.
- (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 **20** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Susie McKinney 250**
- (a) Residence, No. **3856 Cook** St. **III** (If nonresident, give city or town and State)
- (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Samuel McKinney**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 1, 1891**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- 57 2 11**

- OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Domestic**
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) (STATE OR COUNTRY) **unknown** 9

- FATHER 13. NAME **unknown** 1
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi** 1

- MOTHER 15. MAIDEN NAME **Madeline Spencer**
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

17. INFORMANT (ADDRESS) **Evelyn Hilliard 2601 N Whittier**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WASHINGTON PARK** DATE **3-16** 15

19. FUNERAL DIRECTOR (ADDRESS) **ELMER E. PETTIS 8030 BELLE AVE.**

20. FILED **MAR 17 1938** **J. B. Breda** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 12**, 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **March 5**, 19**38**, to **March 12**, 19**38**

- I last saw her or alive on **March 12**, 19**38** Death is said

- to have occurred on the date stated above, at **1:12a**.

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

Hypertensive heart diseaseDate of onset **3/5/38**

- Other contributory causes of importance:

- Name of operation..... 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?.....

- If so, specify (Signed) **A. L. Lewis**, M. D.
- (Address) **2601 N Whittier**

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.

STATE OF MISSISSIPPI

DEPARTMENT OF HEALTH

MISSISSIPPI BOARD OF HEALTH

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Mississippi Board of Health

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VS

MISSISSIPPI

STATEMENT BY LICENSED EMBALMER

I, Chas. Gaine

MISSISSIPPI

Licensed Embalmer No. 2349

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

me

L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____

Signed Chas. Gaine

Licensed Embalmer No. 2349

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.)