

REC'D SEP 12 1938

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

27393
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008** Registered No. **7407**
(c) City **St. Louis** (d) Street No. **Mo. Baptist Hospital** 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

JOHN MCKENZIE, **952**
(a) Residence, No. **4893 Margaretta Avenue** St. **7**
(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) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Elizabeth M. McKenzie (Melcher)**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 24, 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 10 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Salesman**
9. Industry or business in which work was done, as saw mill, bank, etc. **Liberty Bell Oil Company**
10. Date deceased last worked at this occupation (month and year) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis Mo.**

FATHER 13. NAME **Michael McKinzey**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Buffalo N. Y.**

MOTHER 15. MAIDEN NAME **Anna Hall**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not Known**

17. INFORMANT (ADDRESS) **Mrs. Elizabeth McKenzie 4893 Margaretta Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Aug. 23, 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Math. Hermann & Son 216 1/2 East Fair Avenue**

20. FILED **AUG 22 1938** **J. D. Budick** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Aug. 20, 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 28, 1936** to **Aug 20, 1938**
I last saw him alive on **Aug 19th, 1938**. Death is said to have occurred on the date stated above, at **3:45 A. M.**
The principal cause of death and related causes of importance were as follows:

Urterolithiasis Right
Pyelo-nephritis Right
Septicemia

Date of onset
4/28-38
8/2-38
8/14-38

Other contributory causes of importance:

Name of operation Date of **1938**

What test confirmed diagnosis? **Cystoscopy** 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 **no**

Nature of injury **no**

24. Was disease or injury in any way related to occupation of deceased? **no**

If so, specify

(Signed) **C. E. Bradford**, M. D.

(Address) **958 Broadway**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No., working under my personal supervision.

Signed.....

Ronald Hampton

Licensed Embalmer No.

2967

P. O. Address.....

St. Louis, Mo.

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.)

If this body is not embalmed, above space should be left blank.