

REC'D APR 12 1939

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

8245

Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **2010**  
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary.** St.  
(e) Length of residence in city or town where death occurred **40 yrs.** (If death occurred in Hospital or Institution, write its name instead of street and number)  
yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

**252** **William McKenzie**  
(a) Residence, No. **5800 Arsenal St.** St. **13** (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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Divorced**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Bertha McIntyre**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **October, 24, 1870**  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**68** **3** **20**  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Laborer**  
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) **Dallas, Illinois.**  
13. NAME **David McKenzie**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
15. MAIDEN NAME **Kate Scott.**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown**  
17. INFORMANT (ADDRESS) **E. Molony 5800 Arsenal St.**  
18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **2-28-39**  
19. FUNERAL DIRECTOR (ADDRESS) **W. Richter 3800 Park**

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **February 14, 1939**22. I HEREBY CERTIFY, That I attended deceased from **March 11, 1939 to February 14, 1939**I last saw him alive on **February 14, 1939** Death is said to have occurred on the date stated above, at **7:45** m. A.M.

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

*Chronic Myocarditis*

Other contributory causes of importance:

Name of operation **None** Date of   
What test confirmed diagnosis? **Path. P.C.** 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  
(Signed) **George M. Peko**, M. D.  
(Address) **8600 Arsenal**

Date of onset

MAR 2 1939

19

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12004

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.

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**STATEMENT BY LICENSED EMBALMER**

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

Signed.....

Licensed Embalmer No.....

**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.)**