5214

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.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JAN 12 1940 791

Registration District No. 1003

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41312

Primary Registration District No.

Registrar's No. 10435

1. PLACE OF DEATH:

(a) County City Hospital 1

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
City Hospital, #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Mon. 2 Days.
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 25
(If outside city or town limits, write "RURAL")

(d) Street No. 817 Market Str
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 38 yrs years.

3. (a) PRINT FULL NAME Albert Mc Kee 200

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Madalene Unknown

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased July (Month) 6th (Day) 1901 (Year)

8. AGE: Years	Months	Days	If less than one day
38	4	29	hr. min.

9. Birthplace Jefferson Co. Mo (City, town, or county) (State or foreign country)

10. Usual occupation Day Laborer 0

11. Industry or business 0

FATHER
12. Name Dickson McKee
13. Birthplace Victoria Mo (City, town, or county) (State or foreign country) 1

MOTHER
14. Maiden name Eva Dillingham
15. Birthplace Lewiston Maine (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Edward Cruell
(b) Address Kansas City Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 6, 1939 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director Bensick-Niehaus
(b) Address 1431 Union Blvd

19. (a) DEC 6 1939 (Date received local registrar) J. F. Bechtold (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 4, year 1939 hour 1:05 minute P. M.

21. I hereby certify that I attended the deceased from August 3, 1939, to December 4, 1939; that I last saw him alive on December 4, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death Cleavage Nephritis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 1
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury 1

23. Signature Geo. W. Pike (M. D. or other)
Address 1515 Lafayette Ave. Date signed 12/4/39

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

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

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