

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

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41703
Registrar's No. 10826

JAN 12 1940 701
Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH: 1002 2
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5332 Wabada Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(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 6
(If outside city or town limits, write "RURAL")
(d) Street No. 5332 Wabada Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME Mary McKenzie 253
3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec day 19
year 1939 hour 11:00 minute 9 M.
21. I hereby certify that I attended the deceased from only on
Dec 17, 1939, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alfred D. McKenzie 6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased September 10 1870
(Month) (Day) (Year)

Immediate cause of death Coronary thrombosis 4 hrs.
Duration

8. AGE: Years Months Days If less than one day
69 3 23 7 hr. _____ min.

Due to O.K. In the
Due to and activities
Other conditions 12/17/39
(Include pregnancy within 3 months of death)

9. Birthplace Prince Edward Island Canada
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 2

11. Industry or business At Home 2

12. Name McLellan 9

13. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

14. Maiden name Unknown ?

15. Birthplace Unknown ?
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Alfred D McKenzie

(b) Address 5332 Wabada Avenue

17. (a) Burial (b) Date thereof Dec. 20, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wesley F. Stewart

(b) Address 1225 Union Blvd

19. (a) DEC 19 1939 (b) J. B. ...
(Date received local registrar) (Registrar's signature)

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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) _____
(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? _____

While at _____ (Specify type of place) (e) Means of injury _____
28. Signature John ... (M. D. or other) _____
Address 1208 W. Grand St Date signed 12/18/39

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 J. G. Sullivan
Licensed Embalmer No. 1122
P. O. Address.....

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.