

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

41706  
State File No. 10829  
Registrar's No.

JAN 12 1940  
791  
Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

- (a) County 1  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: FIRMIN DESLOGE HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 DAYS (Specify whether

In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME ESTHER MCKENNA 250

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 12, 1918  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>21</u>	<u>5</u>	<u>5</u>	hr. _____ min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business \_\_\_\_\_

12. Name Edward McKenna

13. Birthplace Indianapolis Ind.  
(City, town, or county) (State or foreign country)

14. Maiden name Edith Cuddy

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mildred Harsch

(b) Address 2216 Ohio

17. (a) Burial (b) Date thereof 12/20/39  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Edith E. Ambruster

(b) Address 4234 Manchester

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

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County 1  
(c) City or town St. Louis 23  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2216 Ohio (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 17  
year 1939 hour 8 minute 05 A. M.

21. I hereby certify that I attended the deceased from DECEMBER 1, 1939 to DECEMBER 17, 1939; that I last saw her alive on DECEMBER 17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death  
ACUTE RHEUMATIC FEVER ACUTE MILITARY TUBERCULOSIS (GEN'L)  
Duration UNCERTAIN UNCERTAIN

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions NONE  
(Include pregnancy within 3 months of death)

Major findings: Of operations NONE

Of autopsy TUBERCLES IN LUNGS, LIVER, PLEURA  
POLYSEROSITIS, HYDROCALPINGES, MITRAL STENOSIS  
PHYSICIAN UNCERTAIN  
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following: VEGETATION

(a) Accident, suicide, or homicide (specify) No.

(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 work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Harold P. Oppenheimer (M. D. or other) M.D.

Address 1325 SOUTH GRAND BLVD Date signed 12/17/39

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed.....

*Florence Eymek*

..... Licensed Embalmer No.....

*1284*

..... 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.**