

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **9564**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(c) Name of hospital or institution: Dead on arrival at hospital
(d) Length of stay: In hospital or institution 1 month
In this community 1 month

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis, Missouri
(d) Street No. 4235 N. Broadway

3. (a) PRINT FULL NAME Mary Ellen Miller McKinney

3. (b) If veteran, name war Nil 3. (c) Social Security No. Nil

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

6. (b) Name of husband or wife Child 6. (c) Age of husband or wife if alive Nil years

7. Birth date of deceased Sept. 23, 1940

8. AGE: Years 0 Months 11 Days 27 If less than one day hr. _____ min. _____

9. Birthplace St. Louis, Missouri

10. Usual occupation Nil

11. Industry or business Nil

12. Name Joseph McKinney
18. Birthplace Illinois

14. Maiden name Mary Ellen Miller
15. Birthplace St. Louis, Mo.

16. (a) Informant Mary Ellen Miller
(b) Address 4235 N. Broadway

17. (a) Burial (b) Date thereof 11/22/40
(c) Place: burial or cremation Freidens. Cem.

18. (a) Signature of funeral director Chadwick & Sons
(b) Address 3934 N. 20th St.

19. (a) NOV 22 1940 (b) _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 21 year 1940 hour 4 minute 28 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to _____
Due to _____

Other conditions 16/a
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy _____

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____
(Specify type of place) _____
(Specify type of means of injury) _____

23. Signature Chadwick & Sons (M. D. or other) _____
Address _____ Date signed 11/23/40

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

Alfred J. Boedeker

Licensed Embalmer No. *2663*

P. O. Address *4204 Prairie*

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.