

No. 2  
-13-40  
-17-39  
I X23159

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town \_\_\_\_\_  
(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 \_\_\_\_\_  
(Specify whether In this community years, months or days)

3. (a) PRINT FULL NAME Ary A. McKean

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

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

6. (b) Name of husband or wife Luther McKean 6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased May 7 1866  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>7</u>	<u>14</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business 770

12. Name James S. Williams

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

14. Maiden name Ary J. Graham

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

16. (a) Informant J. L. McKean

(b) Address 3760 Gravois Ave.

17. (a) Burial (b) Date thereof 12-26-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd.

19. (a) DEC 24 1940 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis 16  
(If outside city or town limits, write "RURAL")

(d) Street No. 3760a Gravois Ave.  
(If rural, give location)

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21  
year 1940 hour 4 minute P. a.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 Fracture of cervical spine  
Fracture of Ribs  
Hemorrhage of Brain

Due to When she was struck by a  
Automobile driven by one  
Frank Joseph Rungwald  
at Gravois and Spring ave  
about 2:00 o'clock PM

Other conditions Dec 21, 1940  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations Accident

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) Accident

(b) Date of occurrence Dec 21, 1940

(c) Where did injury occur? St. Louis Mo.  
(City or town) (County) (State)

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

While at work? \_\_\_\_\_  
(Specify type of work) (e) Means of injury

23. Signature Alfred Perry (M. D. or other) \_\_\_\_\_

Address St. Louis Date signed 12/23/40

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

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**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.....

A. R. Thompson Registered Apprentice No. 248  
working under my personal supervision.

Signed

R. M. Baird  
Licensed Embalmer No. 2273

P. O. Address Spencer

**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, fact should be so stated above.**