

FILED FEB 25 1941
Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 889

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

1. PLACE OF DEATH:

(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:
5535 Clemons 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

8. (a) PRINT FULL NAME MARGARET MCKEE WOOD.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

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

6. (b) Name of husband or wife Judge John M. Wood. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 19, 1865.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75. 8. 6. _____ hr. _____ min.

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

10. Usual occupation At Home.

11. Industry or business _____

MOTHER FATHER { 12. Name Robert Samuel McKee.
13. Birthplace Missouri.
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Louise Cleever.
15. Birthplace Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Clark Johnston.
(b) Address #5535 Clemons Avenue.

17. (a) Removal. (b) Date thereof 1/28/1941.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Kahoke, Missouri.

18. (a) Signature of funeral director C.R. Lupton & Sons.
(b) Address #7233 Delmar Boulevard.

19. (a) JAN 27 1941 (b) JTB Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County 000

(c) City or town St. Louis, 517
(If outside city or town limits, write "RURAL")

(d) Street No. #5535 Clemons Avenue. F
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN. day 25th
year 1941 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from NOVEMBER 18th 1941, to JAN 25th 1941; that I last saw her alive on JAN 25th 1941; and that death occurred on the date and hour stated above.

Immediate cause of death ARTERIAL SCLEROSIS Duration 1 YEAR

Due to MYOCARDITIS acute caused by chr. arterial sclerosis 3 MO.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: NONE. 97 **PHYSICIAN**
Of operations _____
Of autopsy NONE.
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) NONE
(b) Date of occurrence NONE
(c) Where did injury occur? NONE.
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? NONE
(Specify type of place) (e) Means of injury

While at work? _____

23. Signature Scott Hener (M. D. or other) M.D.
Address 624 N. GRAND BLVD. Date signed 1-25-41

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

Bradford A. Miller

Licensed Embalmer No. *2901*

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.