

No. 2
4-12-40
5-17-39
I X23185
174

State File No.

FEB 14 1941
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 153

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

1. PLACE OF DEATH:
 (a) County St. Louis County
 (b) City or town Vinita Park
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
8100 Page Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community Life
 years, months or days)

3. (a) PRINT FULL NAME Edward J. McKenna
 3. (b) If veteran, name war None 3. (c) Social Security No. 494-03-6523

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Lucille McKenna 6. (c) Age of husband or wife if alive 52 years
 7. Birth date of deceased Oct. 5, 1883
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>16</u>hr.min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Bernard McKenna
 13. Birthplace Ireland
 (City, town, or county) (State or foreign country)
 14. Maiden name Mary Carr
 15. Birthplace Louisiana
 (City, town, or county) (State or foreign country)

16. (a) Informant Lucille McKenna
 (b) Address 8100 Page Ave.

17. (a) Burial (b) Date thereof 1/24/41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Jos. W. Clark
 (b) Address 1125 Hodiamont Ave.

19. (a) JAN 22 1941 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County St. Louis Co.
 (c) City or town Vinita Park,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 8100 Page Ave.
 (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 21
 year 1941 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from DECEMBER 26, 1936, to JANUARY 21, 1941; that I last saw him alive on JANUARY 21, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death NEUROSYPHILIS
 Duration 5 YRS.
 Due to Acquired Syphilis 20 YRS

Due to [Signature]
 Other conditions _____
 (Include pregnancy within 3 months of death)

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 work? _____ (Specify type of place)
 (c) Means of injury _____

23. Signature C. A. Bannick (M.D. or other) Dr.
 Address 6651 Emigh Date signed _____

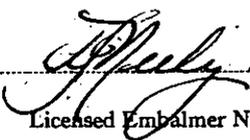
Dr. Barnicle
6651 Thright Ave.

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.....


Licensed Embalmer No. 3225

P. O. Address..... 1125 Hodiament Av

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.