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MAR 25 1941 791]
Registration District No. _____

Primary Registration District No. **1003**

Registrar's No. **1546**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **St. Louis City Hospital #1 D**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 Days**
(Specify whether)

In this community _____
years, months or days)

3. (a) PRINT FULL NAME **Okley McKinley**

3. (b) If veteran, name war **No.**

3. (c) Social Security No. _____

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Katherine Mc Kinley**

6. (c) Age of husband or wife if alive **52** years

7. Birth date of deceased **Sept. 27 1887**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	4	19	_____ hr. _____ min.

9. Birthplace **1 Oklahoma**
(City, town, or county) (State or foreign country)

10. Usual occupation **Maintenance Man**

11. Industry or business _____

MOTHER FATHER

12. Name **Melis Mc Kinley**

13. Birthplace **1 Kentucky**
(City, town, or county) (State or foreign country)

14. Maiden name **Beida (Unknown)**

15. Birthplace **1 Kentucky**
(City, town, or county) (State or foreign country)

16. (a) Informant **Katherine Mc Kinley**

(b) Address **1725 Creston**

17. (a) **Burial** (b) Date thereof **Feb. 19 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New St. Maraud**

18. (a) Signature of funeral director **Wm E. Snyder**

(b) Address **1926 Allen Ave**

19. (a) **FEB 17 1941** (b) **J. B. Bredek**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **CDD**

(c) City or town **St. Louis** **1723**
(If outside city or town limits, write "RURAL")

(d) Street No. **1725 Creston pl 9**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **16**,
year **1941** hour **12:05** minute **A.** M.

21. I hereby certify that I attended the deceased from **February 6**, 1941 to **February 16**, 1941;
that I last saw him alive on **February 16**, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death **Pulmonary Tuberculosis**

Due to _____

Due to **Bronchitis**

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

Major findings: Of operations **No.**

Of autopsy **No.**

Duration _____

PHYSICIAN

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) (b) Means of injury _____

23. Signature **James Walker** (M. D. or other) _____
Address **1515 Lafayette Avenue,** Date signed **2/17/41**

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.