

Registration District No. 1791

Primary Registration District No. 1003

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:
4057a West Pine 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 _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4057a West Pine
(If rural, give location) 9
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Margaret McKinney

3. (b) If veteran, name war No. 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 Joseph 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec. 19 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 5 22 hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Cannon
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Mary Flannery
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant William McKinney
(b) Address 4057a West Pine

17. (a) Burial (b) Date thereof 6/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetary

18. (a) Signature of funeral director Nell Walsh Barnes
(b) Address East St. Louis, Ill.

19. (a) JUN 12 1941 (b) [Signature]
(Date received by registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month June Day 11 Year 1941 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from June 11 1941 to June 11 1941 that I last saw him alive on June 11 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of uterus Duration 2 yrs.

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) None

Major findings: Of operations _____
Of autopsy _____
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) No
(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 5/11/41
23. Signature F. A. McKelvey M.D. (M. D. or other) [Signature]
Address 4114 W. J. LORISANT Date signed 6/14/41

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

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.....*Wilford S. Burnley*.....

Licensed Embalmer No.....*4202*.....

P. O. Address.....

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.