

S. No. 2  
-1-4-41  
5-17-39  
PI X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 23481

REGISTRATION DISTRICT NO. 91

PRIMARY REGISTRATION DISTRICT NO. 1003

REGISTRAR'S NO. 5833

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:  
St. Anthony's Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 60 days  
(Specify whether years, months or days) 0

3. (a) PRINT FULL NAME Charles Joseph McKenna  
(b) If veteran, name war No  
(c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Single  
(b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased August 9 1876  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
65 11 6 hr. min.

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

10. Usual occupation Retired

11. Industry or business Metropolitan Police Department

12. Name John E. McKenna

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

14. Maiden name Bridget Dempsey

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

16. (a) Informant Florence McKenna  
(b) Address 3223 Copelin St

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

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Brothers  
(b) Address 3029 Lafayette Ave

19. (a) JUL 16 1941 (b) [Signature]  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 17  
(d) Street No. 3223 Copelin St (If rural, give location) 9  
(e) Citizen of foreign country? No (Yes or No) 17  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 15th day July  
year 1941 hour 12:05 minute A. M.

21. I hereby certify that I attended the deceased from June 28 to July 15  
that I last saw him alive on July 14 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction  
Chronic Interstitial Nephritis  
Due to \_\_\_\_\_

Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) Cond  
Address 3115 P. Road Date signed 7/15/41

**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..... *Frank J. Brown* .....

Licensed Embalmer No. *2245* .....

P. O. Address *So. Louisiana* .....

**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.**