7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 25 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26083

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 6922

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: 7317a So BROADWAY (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000 17
(c) City or town ST LOUIS. (If outside city or town limits, write "RURAL") 21
(d) Street No. 7317a S. BROADWAY (If rural, give location)
(e) Citizen of foreign country? (Yes or No) U
If yes, name country

3. (a) PRINT FULL NAME ALICE I. McKINNEY
3. (b) If veteran, name war NO
3. (c) Social Security No. NO
4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife JOHN
6. (c) Age of husband or wife if alive 80 years
7. Birth date of deceased JULY (Month) 12 (Day) 1868 (Year)

8. AGE: Years 74 Months 1 Days 3 If less than one day hr. min.

9. Birthplace MONROE CO (City, town, or county) ILL (State or foreign country)
10. Usual occupation HOUSEWIFE
11. Industry or business

FATHER
12. Name AUG. CLAUSEN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CLARSIA SMITH.
15. Birthplace MONROE CO ILL (City, town, or county) (State or foreign country)

16. (a) Informant ALICE STROBACH.
(b) Address 4730 NEBRASKA.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 8 18 42 (Month) (Day) (Year)
(c) Place: burial or cremation ST. MATHEWS CEM
18. (a) Signature of funeral director Jos. P. Friedrich
(b) Address 7128 MICHIGAN AV
19. (a) AUG 17 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)
844 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 15 year 1942 hour 4 minute A M.
21. I hereby certify that I attended the deceased from July 23, 1942 to Aug 15 1942 that I last saw her alive on Aug 14 1942 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	5 days
Due to arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death) Heart failure	
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)
(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? (Specify type of place)
While at work? (e) Means of injury U
23. Signature Chas. E. Paule (M. D. or other)
Address 7806 S. Broadway Date signed Aug 15, 1942

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: Jno. R. Fendler

Licensed Embalmer No. 925

P. O. Address ST LOUIS.

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.