

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 1 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35647
Registar's No. 9827

Registration District No. 318

Primary Registration District No. 106

1. PLACE OF DEATH:

(a) County. St. Louis, Missouri.
(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: Park Lane Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 1 day.
(Specify whether
In this community.
years, months or days)

3. (a) PRINT

FULL NAME EMMA E. McKINNEY.

3. (b) If veteran,

name war. NONE.

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 Weston McKinney. 6. (c) Age of husband or wife if alive years
7. Birth date of deceased August 2nd, 1874.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68. 3. 21. hr. min.

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

10. Usual occupation At Home.

11. Industry or business.

12. Name Albert Woerheide.
13. Birthplace Germany.
(City, town, or county) (State or foreign country)
14. Maiden name Elizabeth Hermann.
15. Birthplace Germany.
(City, town, or county) (State or foreign country)

16. (a) Informant John Albert McKinney.

(b) Address 8638 Argyle, St. L. Co.,

17. (a) burial. (b) Date thereof 11/27/42.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director C.R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard

19. (a) NOV 25 1942 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis.
(c) City or town St. Johns (Rural) NR
(If outside city or town limits, write "RURAL")
(d) Street No. 8638 Argyle Ave.,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV, day 23rd,
year 1942. hour 4:30 minute P. M.

21. I hereby certify that I attended the deceased from 11/28 to 11/29, 1942
that I last saw him alive on 11/23 and that death occurred on the date and hour stated above.
Immediate cause of death Polar Pneumonia
Duration 3 days

Due to 108

Due to

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

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?

While at work? (Specify type of place) (e) Means of injury.

23. Signature F. K. Morse (M. D. number)
Address 60721 Grand Date signed 11/24

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Dr. F. L. Morse.
University Club Bldg.
JE: 6114.
2-4 P.M.

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

Bradford A. Miles

Licensed Embalmer No.

2901

P. O. Address

University City, Mo.

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.