No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

4490

State File No.

FILED MAR 2 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1592

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: Jewish Hosp O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 da (Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Louis 46

(c) City or town Overland 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2500 Goodale N.R.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country /

3. (a) PRINT FULL NAME Robert J McKenna

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 489-05-7466

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Lucille McKenna

6. (c) Age of husband or wife if alive 29 years

7. Birth date of deceased MAR 30 1896
(Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 14 If less than one day ..... hr. ..... min.

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

10. Usual occupation Postal Clerk

11. Industry or business

FATHER
12. Name Bernard McKenna
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Mary Carr
15. Birthplace New Orleans (City, town, or county) LA (State or foreign country)

16. (a) Informant Mrs Robert J McKenna
(b) Address 2500 Goodale

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-18-43 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Ortmann Funeral Home
(b) Address 9222 Lackland Overland Mo

19. (a) Feb 17 1943 (Date received local registrar) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14
year 1943 hour ..... minute 205 P.M.

21. I hereby certify that I attended the deceased from Feb 10 1943 to Feb 14 1943
that I last saw him alive on Feb 14, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary Infarction	
Due to Acute Myelogenous Leukemia	
Due to	
Other conditions Perianal abscess (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy Same as above	

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

23. Signature Chas F Rosenberger (M. D. or other)
Address 7745 Olive St Good Date signed 2/16/43

(Licensed Embalmer's Statement on Reverse Side)

MAR 9 1950

MAR 5 1958

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.....Al C Ortmann.....

Licensed Embalmer No..3478.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.