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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 10 1943

Registration District No. 818

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4491

Registrar's No. 1887

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town ST LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1004 JULIA ST.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution —
In this community 40 YRS
(Specify whether 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. 1004 JULIA
(If rural, give location)
(e) Citizen of foreign country? —
(Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ELIZABETH McKINNEY
3. (b) If veteran, name war —
3. (c) Social Security No. NONE

4. Sex FEMALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife EDWARD McKINNEY
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased MARCH 9 (Month) 1874 (Day) (Year)

8. AGE: Years 68 | Months 11 | Days 16 | If less than one day ... hr. ... min.

9. Birthplace CRAWFORD Co (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation AT HOME
11. Industry or business —

FATHER
12. Name SAMUEL GARRET
13. Birthplace UNKNOWN (City, town, or county) UNKNOWN (State or foreign country)

MOTHER
14. Maiden name ELIZA HAGGARD
15. Birthplace UNKNOWN (City, town, or county) TENNESSEE (State or foreign country)

16. (a) Informant Ella Fischer
(b) Address 914 LAFAYETTE AVE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR 1 1943 (Month) (Day) (Year)
(c) Place: burial or cremation OAK HILL CEMETERY
18. (a) Signature of funeral director Parkerson Co
(b) Address WEBSTER GROVES MO.
19. (a) FEB 26 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 26
year 1943 hour 9 minute 30 A.M.
21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	
Due to Arteriosclerosis	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Thomas F. Gallenar (M. D. or other)
Address Deputy Coroner Date signed 2-25-43

(Licensed Embalmer's Statement on Reverse Side)

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..... e b aldrich

Licensed Embalmer No..... 1332

P. O. Address..... Webster Mass

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.