

MAR 15 1943 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 2176

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. Louis Childrens Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME BOBBY DEAN MCKINZIE

3. (b) If veteran, name war 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased August 7 1933
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
9 6 27 hr. min.

9. Birthplace Holden Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Student

11. Industry or business

MOTHER FATHER { 12. Name John Clarence McKinze
13. Birthplace Benton County Mo. 0
(City, town, or county) (State or foreign country)
14. Maiden name Mary McGinnis
15. Birthplace Clay County Mo. 0
(City, town, or county) (State or foreign country)

16. (a) Informant John C. McKinze

(b) Address Chilhowee, Mo.

17. (a) Removal (b) Date thereof 3/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chilhowee, Mo.

18. (a) Signature of funeral director Albert H. Hoppe Inc.

(b) Address 4700 Washington Blvd.

19. (a) MAR 6 1943 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Johnson
(c) City or town Chilhowee
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4
year 1943 hour 3 minute 05 P.M.

21. I hereby certify that I attended the deceased from 12-27 1942 to 3-4 1943
that I last saw him alive on 3-4 1943
and that death occurred on the date and hour stated above.

Immediate cause of death
Bronchiectasis
Pulmonary tuberculosis

Duration
7 year
2 yrs

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

Major findings:
Of operations total pneumectomy, left
findings as above
Of autopsy above plus tuberculosis of spleen.
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 H. J. Blum (M. D. or other)
Address 1000 E. Kentucky Date signed

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

DATE

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.....

W. W. Wilkins
Licensed Embalmer No. 3575

-P. O. Address.....

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.