

**FILED MAR 30 1943 18**

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

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town **Saint Louis,**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
**Peoples Hospital**  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **2 days**  
(Specify whether)

In this community **Life**  
years, months or days

3. (a) PRINT FULL NAME **Louis McKay**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **Male** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widower**

6. (b) Name of husband or wife **Susie McKay** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **Unavailable, 1875**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

**About 68** hr. min.

9. Birthplace **Chesterfield, Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Farmer**

11. Industry or business **Self**

MOTHER FATHER { 12. Name **William McKay**

{ 13. Birthplace **St. Charles County, Missouri**  
(City, town, or county) (State or foreign country)

{ 14. Maiden name **Amelia Tigert**

{ 15. Birthplace **St. Charles County, Missouri**  
(City, town, or county) (State or foreign country)

16. (a) Informant **William R. McKay, Jr.**

(b) Address **Mags Avenue, Maryland Heights**

17. (a) **Burial** (b) Date thereof **3/21/1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chesterfield, Missouri**

18. (a) Signature of funeral director **Charles J. Gates**

(b) Address **4107 Finney Avenue**

19. (a) **MAR 15 1943** (b) **J. Z. Bredeck**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **96**

(c) City or town **Maryland Heights**  
(If outside city or town limits, write "RURAL")

(d) Street No. **Mags Avenue**  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **17,**  
year **1943** hour **1:30** minute \_\_\_\_\_ (P. M.)

21. I hereby certify that I attended the deceased from **March 3,**  
**1943** to **March 17,** 19. **43**  
that I last saw him alive on **March 17,** 19. **43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardio Renal Disease** **Unknown**  
Duration

Due to \_\_\_\_\_

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) (a) Means of injury

23. Signature **Dr. P. H. G. [Signature]** (M. D. or other) \_\_\_\_\_

Address **200 Washington, St. Chas** Date signed **3/19/1943**

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.....

**William C. McDowell**

Registered Apprentice No.....

working under my personal supervision.

Signed

*William C. McDowell*

Licensed Embalmer No. **2114**

P. O. Address **1711 North Taylor Avenue**

**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.**