. S. No. 2
M—9-4-41
. 5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8557

State File No.

FILED APR 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3048

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

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: Parklane Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1307a So. Vandeventer Ave.
(If rural, give location)

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

If yes, name country 0

000 12 9 18

3. (a) PRINT FULL NAME Riley A. McKay

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Opal McKay

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased Feb. (Month) 21st (Day) 1897 (Year)

8. AGE: Years 46 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Ice & Coal Business

11. Industry or business for self

FATHER
12. Name Oscar McKay
13. Birthplace Carleton (City, town, or county) Indiana / (State or foreign country)

MOTHER
14. Maiden name Lillie Rose
15. Birthplace Dollie (City, town, or county) Iowa / (State or foreign country)

16. (a) Informant Opal McKay
(b) Address 1307a So. Vandeventer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-3-43 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 30 1943 (Date received local registrar) (b) J. R. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30th year 1943 hour 4:30 minute A.M. M.

21. I hereby certify that I attended the deceased from 3-23-43, 19..., to 3-30-43, 19...; that I last saw him alive on 3-30-43, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Degenerative myocarditis — 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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. or other) M.D.

Address 4930 Kindell, St. Louis Date signed 3-30-43

MAR 30 1943

(Licensed Embalmer's Statement on Reverse Side)

Frank J. Smith

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 Edwin H. McDermott

Licensed Embalmer No. 3024

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.