S. No. 2
M—9-4-41
5-17-39
I

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8560

FILED MAR 20 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2292

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: Lutheran 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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 19

(d) Street No. 7317 S. Broadway
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME JOHN WILLIAM MCKINNEY

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 Widowed

6. (b) Name of husband or wife Alice McKinney

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

7. Birth date of deceased April (Month) 8 (Day) 1862 (Year)

8. AGE: Years 80 Months 11 Days 1 If less than one day hr. min.

9. Birthplace Blaine (City, town, or county) Tennessee (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Store

FATHER
12. Name Tillman McKinney
13. Birthplace (City, town, or county) Tennessee (State or foreign country)

MOTHER
14. Maiden name Emaline Chase
15. Birthplace (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant Floyd McKinney Floyd McKinney
(b) Address 7317 S. Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12 1943 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director C. Hoffmeister U.&L.co.
(b) Address 7814 S. Broadway

19. (a) MAR 9 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9
year 1943 hour 2 minute 25 A. M.

21. I hereby certify that I attended the deceased from FEB. 1st 1943 to MAR. 9th 1943
that I last saw him alive on MAR. 8th 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis.

Due to age.

Due to

Other conditions Cardiac Hypertrophy
(Include pregnancy within 3 months of death)

Major findings:
Of operations 93d

Of autopsy

Duration

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 J. W. Pruett (M. D. or other) MD

Address 420 Wilmington Ave. Date signed 3-9-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. J. W. Pruett

420 Wilmington

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 Paul A. Shanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 3472

P. O. Address 781A So. Broadway

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.