

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 19 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3308

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 mos. 12 days
(Specify whether
In this community.....40 years
years, months or days)

3. (a) PRINT
FULL NAME

Bertha McKinney

3. (b) If veteran,

name war.....none

3. (c) Social Security

No.....?

4. Sex.....Female 5. Color or race.....Col. 6. (a) Single, widowed, married,
2 divorced Widow
6. (b) Name of husband or wife.....ack McKinney 6. (c) Age of husband or wife if
alive.....deceased
7. Birth date of deceased.....Oct dont know 1861.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 81. hr. min.

9. Birthplace.....U Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation.....Un-employed, Pensioner.

11. Industry or business

12. Name.....Dont Know.

13. Birthplace.....II II
(City, town, or county) (State or foreign country)

14. Maiden name.....II II
(City, town, or county) (State or foreign country)

15. Birthplace.....II II
(City, town, or county) (State or foreign country)

16. (a) Informant.....Salute Kennedy

(b) Address.....3120 Evans, St Louis, Mo.

17. (a) Burial (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation.....Greenwood Cemetery

18. (a) Signature of funeral director.....W. H. H. H.

(b) Address.....2312 Thomas, St Louis, Mo.

19. (a) APR 8 1943 (b) J. F. B. B.
(Date received local registry) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Missouri (b) County.....000
(c) City or town.....St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3130 Evans
(If rural, give location)
(e) Citizen of foreign country?.....0 (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....April day.....3,
year.....1943 hour.....12 minute.....35 A. M.

21. I hereby certify that I attended the deceased from.....January
22, 1943, to.....April 3, 1943;
that I last saw h.....er alive on.....April 3, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....Arteriosclerotic Heart Disease

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:

Of operations.....

Of autopsy.....

Duration

Unk.

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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)
(c) Means of injury.....0

23. Signature.....W. H. H. H. (M. D. or other)
Address.....2601 W. H. H. Date signed.....4/8/43

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.....

myself....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *W. Houston*.....

Licensed Embalmer No. *2266*.....

P. O. Address *2812 Thomas St*.....

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.