

X3287

FILED MAY 27 1943 18
Registration District No.

Primary Registration District No. 1003

Registrar's No. 4540

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:
2833 Eads Ave
(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
(c) City or town. St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2833 Eads Ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME William John McKenzie

3. (b) If veteran, name war ***** 3. (c) Social Security No.

4. Sex. Male 5. Color or race. White 6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife. Johnanna McKenzie 6. (c) Age of husband or wife if alive. 69 years

7. Birth date of deceased. April 2 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 11 hr. min.

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

10. Usual occupation. Clerk

11. Industry or business. Metropolitan Police Dep't

12. Name. William McKenzie

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

14. Maiden name. Ellen O'Neill

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

16. (a) Informant. Johanna McKenzie

(b) Address. 2833 Eads Ave

17. (a) Partial (b) Date thereof. May 17 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Calvary Cemetery

18. (a) Signature of funeral director. Peets Brothers

(b) Address. 3029 Lafayette Ave

19. (a) MAY 15 1943 (b) J. J. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 1:00 minute 1 P. M.

21. I hereby certify that I attended the deceased from Apr 19 41 to May 19 43
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion Duration 1 day
arterio sclerosis 24 hrs

Other conditions. 94
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy. no

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)
(e) Means of injury.....

23. Signature. Shel Long (M. D. or other)
J. J. [Signature]
Address. 9814 Grand Date signed. 5/14/43

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

MOTHER FATHER

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

Francis J. Owen

Licensed Embalmer No. *2245*

P. O. Address

St. Louis, Mo

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.