

No. 2  
1-2-43  
5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4021C**  
Registrar's No. **11165**

FILED DEC 25 1943  
318

1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

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  
In this community \_\_\_\_\_ years, months or days)

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. **4237a Gibson Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

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

3. (b) If veteran, name war **World War #1** 3. (c) Social Security No. \_\_\_\_\_

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

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

7. Birth date of deceased **April 14th 1895**  
(Month) (Day) (Year)

8. AGE: Years **48** Months **8** Days **0** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **Packer**

11. Industry or business **American Red Cross**

12. Name **Oscar McKay**

13. Birthplace **Carleton Indiana**  
(City, town, or county) (State or foreign country)

14. Maiden name **Little Rose**

15. Birthplace **Delhi Iowa**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Bessie P. Hodges**

(b) Address **4237a Gibson Ave**

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof **12-18-43**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Sunset Burial Park**

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

19. (a) **DEC 15 1943** (b) **J. J. Buech**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **14th**  
year **1943** hour **2:30 am** minute \_\_\_\_\_ A.M. M.

21. I hereby certify that I attended the deceased from **12-14-43** to **12-14-43**  
that I last saw him **alive** on **12-14-43** and that death occurred on the date and hour stated above.

Immediate cause of death **MI** Duration **13**

Due to **Arteriosclerosis**

Due to **Chronic Nephritis of 4 years**  
Other conditions **Myocardial**  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_ Of autopsy **MI**

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? \_\_\_\_\_

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
While at work? \_\_\_\_\_

23. Signature **J. J. Buech** (M. D. or other) \_\_\_\_\_  
Address **4930 Buech** Date signed \_\_\_\_\_

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

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**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 *Erwin A. McPherson*

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.**