S. No. 2
M—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 661

FILED FEB 4 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 883

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 325 N. Newstead Ave. (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 17 9/19

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

(d) Street No. 325 N. Newstead Ave. (If rural, give location)

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

If yes, name country O

3. (a) PRINT FULL NAME Agnes M. McKinney

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex F.

5. Color or race W.

6. (a) Single, widowed, married, divorced 2. W.

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

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

7. Birth date of deceased Feb. 10th., 1866 (Month) (Day) (Year)

8. AGE: Years 77 | Months 11 | Days 18 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

FATHER 12. Name James Care[illegible] O

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

MOTHER 14. Maiden name Ann McClean

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

16. (a) Informant Sister Richard Marie

(b) Address 4371 Lindell Blvd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1-29-44 (Month) (Day) (Year)

(c) Place: burial or cremation Westfield Mass.

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JAN 28 1944 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 28th., year 1944 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from September 25th, 1943, to January 27th, 1944, that I last saw her alive on January 27, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Hypertension	
Cardio Vascular disease	6 Months +
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 Augustus P. Munsch (M. D. or other)

Address 306 Humboldt Bldg Date signed 1/28/44

(Licensed Embalmer's Statement on Reverse Side)

Humboldt Bldg.

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 William Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.