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

600

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 1 1944

Registration District No.

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 8341

Registrar's No. 557

**1. PLACE OF DEATH:**

(a) County: St. Louis County

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

(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Mar. 1, 1944 (Specify whether years, months or days)

In this community unknown.

**2. USUAL RESIDENCE OF DECEASED:**

(a) State: Missouri (b) County: St. Louis County

(c) City or town: Kirkwood
(If outside city or town limits, write "RURAL")

(d) Street No.: 647 N. Geyer Road
(If rural, give location)

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

If yes, name country -

3. (a) PRINT FULL NAME: Ross Hamilton McKEE

3. (b) If veteran, name war: World War #1

3. (c) Social Security No.: None.

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married.

6. (b) Name of ~~husband or~~ wife: Helen

6. (c) Age of ~~husband or~~ wife if alive: 47 years

7. Birth date of deceased: December (Month) 16, (Day) 1892 (Year)

8. AGE: Years 51 | Months 2 | Days 16 | If less than one day ___ hr. ___ min.

9. Birthplace: Coshocton (City, town, or county) Ohio. (State or foreign country)

10. Usual occupation: Civil Engineer

11. Industry or business: -

FATHER
12. Name: Moses McKee
13. Birthplace: unknown (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Gilmore
15. Birthplace: unknown (City, town, or county) Ohio. (State or foreign country)

16. (a) Informant: M. Schulley
(b) Address: Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-6-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Hill Cem

18. (a) Signature of funeral director: Louis H Bopp Inc
(b) Address: Kirkwood, Mo

19. (a) MAR 4 - 1944 (Date received local registrar) (b) E. D. McGavran, M.D. (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month March day 2nd, year 1944 hour 6:05 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 1944, to March 2, 1944 that I last saw him alive on March 2, 1944 and that death occurred on the date and hour stated above.

| Immediate cause of death | Duration |
|---|---|
| Tuberculosis, pulmonary, chronic, active, far advanced. | Unknown |
| Due to - | |
| Due to - | |
| Other conditions: None. (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: No operation.
Of autopsy: No 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): no
(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 Means of injury

23. Signature: L. M. COCHRAN, M.D. (M. D. or other)
Address: CHIEF MEDICAL OFFICER Date signed 3/2/44.

(Licensed Embalmer's Statement on Reverse Side)

## 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 Felix Durand

Licensed Embalmer No. 3034

P. O. Address Kirkwood 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.**