

FILED OCT 6 1944

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 29590

8261

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:  
BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community Finis Richard McKinney  
years, months or days) Specify whether

3. (a) PRINT FULL NAME Finis Richard McKinney

3. (b) If veteran, name war no  
3. (c) Social Security No. 712-16-0208

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Lottie A. McKinney  
6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Aug. 21st 1886  
(Month) (Day) (Year)

8. AGE: — Years Months Days If less than one day  
58 1 6 hr. min.

9. Birthplace Bastrop County Texas  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired; Supervisor Transportation

11. Industry or business Railway Express Agency

12. Name Richard J. McKinney  
13. Birthplace Bastrop Co. Texas  
(City, town, or county) (State or foreign country)  
14. Maiden name Ann C. Fore  
15. Birthplace Bastrop Co. Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lollie A. McKinney  
(b) Address 7065 Pershing Ave.

17. (a) Removal (b) Date thereof 9/28/44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Brownwood, Texas

18. (a) Signature of funeral director C.R. Lupton & Sons  
(b) Address 7233 Delmar Blvd.

19. (a) SEP 27 1944 (b) J. Bredeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town University City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7065 Pershing Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September 27th  
year 1944 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from September 23rd 1944 to September 27th 1944  
that I last saw him alive on September 27th 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral arteriosclerosis Duration 8 mos

Due to

Due to 97

10. Usual occupation Retired; Supervisor Transportation  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Cerebral arteriosclerosis

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 L. A. Gottschalk (M. D. or other)  
Address BARNES HOSPITAL Date signed 9-27-44

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

MOTHER FATHER

Dr. L. W. J. Johnson  
Barrow Hosp  
30 6400

**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.....

*Bradford A. Miles*

Licensed Embalmer No. *2901*

P. O. Address *University City, TN*

**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.**