

FILED DEC 3 1944  
Registration District No. 3/1944

Primary Registration District No. 6076

Registrar's No. 2372

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town MANCHESTER  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Pine Crest Home 4  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 yr 2 mo  
(Specify whether  
In this community 1 yr 3 months  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME William D. McKenzie

3. (b) If veteran, name war No 3. (c) Social Security No. None

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

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

7. Birth date of deceased June 8 1880  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 5 17 hr. \_\_\_\_\_ min.

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

10. Usual occupation None

11. Industry or business None

12. Name WM J McKenzie

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

14. Maiden name McArthur

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

16. (a) Informant Pine Crest Home

(b) Address Pullman, Mo.

17. (a) \_\_\_\_\_ (b) Date thereof 11-27-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns V.

18. (a) Signature of funeral director W. R. Rutherford

(b) Address 35 - Benton St

19. (a) DEC 1 1944 (b) W. J. McArthur  
(Date received locally) (Registrar's signature)

20. DATE OF DEATH: Month Nov day 24  
year 1944 hour 10 minute 55 P.M.

21. I hereby certify that I attended the deceased from  
August 26 1943 to Nov 24 1944  
that I last saw him alive on Nov. 23 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis

Due to 938

Due to \_\_\_\_\_

Other conditions: Arterio Sclerosis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 R. W. Sausser (M. D. or other)

Address St. Louis, Mo. Date signed 11-27-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

7600

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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.....

Licensed Embalmer No.....

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.**