

FILED JAN 20 1945

318

Primary Registration District No.

1003

Registrar's No.

205

1. PLACE OF DEATH:

(a) County St. Louis  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
3523 Miami Street  
 (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

3. (a) PRINT FULL NAME James A. McKay

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. 488-01-1346

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Elizabeth 6. (c) Age of husband or wife if alive 55  
 7. Birth date of deceased March 12 1888  
 (Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 25 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Shipping Dept.  
 11. Industry or business Yeast Plant, Busch.

12. Name James A. McKay Scotland  
 13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
 14. Maiden name Jessie Monroe  
 15. Birthplace Scotland  
 (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth McKay  
 (b) Address 3523 Miami Street.

17. (a) Burial (b) Date thereof Jan. 9, 1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery  
 18. (a) Signature of funeral director Wacker Reldorfe  
 (b) Address 3634 Gravois Ave.

19. (a) JAN 9 (b) 1945 (c) J. F. Bredek  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 3523 Miami Street  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6  
 year 1945 hour 6 minute 25 P. M.

21. I hereby certify that I attended the deceased from Oct 30 1945 to Jan 6 1945  
 that I last saw him alive on Jan 5 1945  
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis of abdomen Duration 1 yr  
 Due to Carcinoma of Stomach 1 yr  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: Carcinoma of Stomach  
Carcinomatosis throughout abdomen  
 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 Max Starkloff (M. D. or other) MD  
 Address 512 Jan Pl Date signed 1/8/45

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

MOTHER FATHER

**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..... *Robert C. Whelley* .....

Licensed Embalmer No..... *3178* .....

P. O. Address..... *St. Louis* .....

**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.**