

Registration District No. 317

Primary Registration District No. 3063

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town 000
(If outside city or town limits, write "RURAL")

(d) Street No. 1317 Big Bend Road. 17
(If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No) "
If yes, name country _____

3. (a) PRINT FULL NAME Gertrude P. McKee.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife James E. McKee

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

7. Birth date of deceased: January 4, 1871
(Month) (Day) (Year)

8. AGE: Years 74 Months 1 Days 6 If less than one day _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name George Pound.

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Kate Breen

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

16. (a) Informant C. C. Ellison

(b) Address 217 W. 3rd -- Alton, Ill.

17. (a) Burial (b) Date thereof Feb 13, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Edwardsville, Ill.

18. (a) Signature of funeral director Shepard Funeral Home

(b) Address 1167 Hamilton Avenue.

19. (a) 2/12/45 (b) E. H. McLaughlin
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 10, 1945
year 1945 hour 1.25 minute A M.

21. I hereby certify that I attended the deceased from Jan 29th 1945 to Feb. 10th 1945
that I last saw her alive on Feb. 10th 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Sub-dural Hematoma Duration _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy 302

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) Accident D

(b) Date of occurrence Jan. 17, 1945. W

(c) Where did injury occur? St. Louis, - Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
On a Public Service Co. Bus

While at work? _____ (Specify type of place)
(e) Means of injury Subdural Hematoma

23. Signature William H. Lewin (M. D. or other) _____
Address Clayton, Mo. Date signed 2-12-45

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

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

John Agowski

Licensed Embalmer No. *3298*

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.