

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 6 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **2651**

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution:
3017 Lafayette Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9 17

(d) Street No. 3017 Lafayette Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Johanna M. McKenzie

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Female 5. Color or race White

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

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

7. Birth date of deceased October 15th 1874
(Month) (Day) (Year)

8. AGE: Years 70 Months 5 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 at Home

12. Name Edward O'Donnell

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

14. Maiden name Julia Morgan

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

16. (a) Informant Miss. Helen McKenzie Daughter

(b) Address 3017 Lafayette

17. (a) Burial (b) Date thereof Mar 24 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Petz Bros

(b) Address 3029 Lafayette Ave

19. (a) MAR 23 1945 J. J. Bradeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
year 1945 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from Aug 1, 1940 to Mar 21, 1945
that I last saw her alive on Mar 21, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Gall bladder metastasis to liver

Due to _____

Due to Hb 7.

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

Major findings: Cancer of Gall bladder

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 John J. Bradeck (M. D. or other) 3/23/45
Address 10811 Deane Date signed

Duration
1 yr 6 mos.

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 *Frank J. Brown*

Licensed Embalmer No. *2245*

P. O. Address *St. Louis 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.