

FILED MAR 23 1945  
318

State File No. ....  
Registrar's No. 2334

Registration District No. .... Primary Registration District No. 1003

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: Missouri Baptist 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..... Illinois (b) County..... Marion *771*  
 (c) City or town..... Centralia  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 116 E. Rexford  
(If rural, give location)  
 (e) Citizen of foreign country?..... ? (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Thomas L. Mackey

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... Nil 3. (c) Social Security No. 332-05-5834

20. DATE OF DEATH: Month March day 9 year 1945 hour 10:15 minute P. M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Separated  
 6. (b) Name of husband or wife..... Tony Mackey 6. (c) Age of husband or wife if alive 69 years  
 7. Birth date of deceased February 3 1882  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 3 1945 to March 9 1945 that I last saw him alive on March 9 1945 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
63 1 6 hr. min.

Immediate cause of death.....  
Fracture of femur  
unqualified  
 Due to.....  
 Due to.....  
 Other conditions (Include pregnancy within 3 months of death).....  
57

9. Birthplace Chester County Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation Mattress Maker

11. Industry or business.....  
 12. Name Thomas Mackey  
 13. Birthplace Clement Tennessee  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rebecca Unknown  
 15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

PHYSICIAN  
 Underline the cause to which death should be charged statistically.  
 Major findings:  
 Of operations.....  
 Of autopsy.....

16. (a) Informant William Mackey  
 (b) Address Shreveport, Louisiana  
 17. (a) Removal (b) Date thereof 3-11-45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Centralia, Illinois

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

18. (a) Signature of funeral director Albert H. Hoppe  
 (b) Address 4700 Washington Blvd.

23. Signature J. F. Bredich (M. D. or other) M.D.  
 Address 4952 Maryland Ave. Date signed 3/10/45

19. (a) MAR 12 1945 (b) J. F. Bredich  
(Date received local registrar) (Registrar's signature)

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

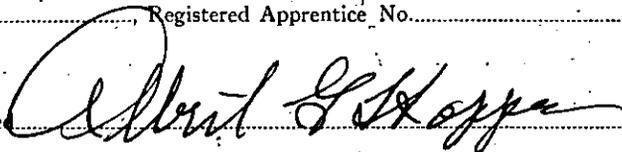
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 2971.....

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.