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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 11 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

10657

State File No. 1

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 782

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ballwin Mo (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 6 Months (Specify whether

In this community 6 mo. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 1522 N. 18th St. 9 (If rural, give location) 1

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

If yes, name country 1

3. (a) PRINT FULL NAME Hattie McKee

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex F 1

5. Color or race White

6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife

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

7. Birth date of deceased 7 (Month) 16 (Day) 1880 (Year)

8. AGE: Years 64 Months 8 Days 8 If less than one day 8 hr. 48 OM min.

9. Birthplace Tenn (City, town, or county) 1 (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
12. Name Wm. Huskey 9
13. Birthplace ~~[illegible]~~ Unknown (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mr Oscar McKee

(b) Address 1522 N. 18th St Louis, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-27-45 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) MAR 28 1945 (Date received local registrar) (b) E G H Lauson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24 year 1945 hour 8 minute 40 A. M.

21. I hereby certify that I attended the deceased from Nov. 14, 1944, to March 24, 1945 that I last saw her alive on March 23, 1945 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic Myocarditis	
Due to	
Due to	
Other conditions Arterio-Sclerosis (Include pregnancy within 3 months of death)	

Major findings:
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 R. M. Jansen (M. D. ~~or other~~)

Address Manchester Mo Date signed 3/24/45

-230
-11-45

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(Licensed Embalmer's Statement on Reverse Side)

APR 17 1945

AUG 8 1946

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 P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis Ave

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.