

FILED JUL 14 1945
318

State File No.

Registration District No.

Primary Registration District No. 1002

Registrar's No. 5742

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:
De Paul 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..... Mo. (b) County.....
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No..... 1926 Clara Ave.
(If rural, give location)
(e) Citizen of foreign country?..... 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Anna D. McKinley

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife..... Robert McKinley 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... Jan. 17 1859
(Month) (Day) (Year)

8. AGE: Years Months Days 16 If less than one day
86 5 16 hr. min.

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

10. Usual occupation Housewife

11. Industry or business.....

12. Name..... John Figart

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

14. Maiden name..... Unknown

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

16. (a) Informant..... George Figart

(b) Address..... 1926 Clara Ave.

17. (a) Burial (b) Date thereof..... 7-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Laurel Hill

18. (a) Signature of funeral director..... Drehmann-Harral

(b) Address..... 1905 Union Blvd.

19. (a) JUL 2 1945 (b) J. F. Bredbeck
(Date received local registrar) (registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1945 hour 5 minute 30 P M.

21. I hereby certify that I attended the deceased from June 9 1945 to July 1 1945
that I last saw her alive on July 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death..... Ch. Myocarditis

Due to..... arteriosclerosis

Due to..... Fracture Left Hip
June 9 1945

Other conditions..... HT 2, 450
(Include pregnancy within 3 months of death)

Major findings:..... Patent 1, 2

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..... June 9 1945

(c) Where did injury occur?..... Her home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard

While at work?..... (Specify type of place)

(e) Means of injury..... Fall

23. Signature..... Theresa Greiner

Address..... 4502 Olive Date signed..... 7/2/45

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

100
17
9

MOTHER FATHER

1-330
Kisten Reddy
None common OIC
Mr Remy

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 Albert R. Thompson

Licensed Embalmer No. 14257

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.