

FILED SEP 28 1945
Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

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:
1239 Clara 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 _____
years, months or days)

3. (a) PRINT FULL NAME Julia McKinnons

3. (b) If veteran, name war Nil 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Andrew R. McKinnon 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 8 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 9 12 hr. min.

9. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Michael Totten

13. Birthplace Ste. Genevieve Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Downey

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

16. (a) Informant Charles T. McKinnon

(b) Address 1239 Clara Ave.

17. (a) Burial (b) Date thereof 9-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Potosi, Missouri

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) SEP 21 1945 (b) J. F. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1239 Clara Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

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

21. I hereby certify that I attended the deceased from 9-18-
1945 to 9-20, 1945
and that death occurred on the date and hour stated above.

that I last saw her alive on 9-20, 1945
Immediate cause of death Arteriosclerosis
thrombosis

Due to myocarditis
and cardiopathy

Due to _____

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

Major findings:
Of operations _____

Of autopsy no

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)
(c) Means of injury _____

23. Signature J. F. Bredebeck (M. D. or other) _____
Address 5445 Taylor Date signed 9-21-45

Duration

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 W. W. Wilkinson
Licensed Embalmer No. 3575
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.