

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32142

State File No. _____

8963

FILED OCT 31 1945

Registration District No. _____

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:
Missouri Pacific Hospital 0
(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 Alabama (b) County _____
(c) City or town Prichard
(If outside city or town limits, write "RURAL")
(d) Street No. 21 Main St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM DUNKIN McKenna

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

4. Sex Male 0 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Lilly McKenna 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased September 8th, 1893
(Month) (Day) (Year)

8. AGE: Years 52 Months 1 Days 8 If less than one day _____ hr. _____ min.

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

10. Usual occupation Engine Foreman

11. Industry or business G. M. & O Railroad

12. Name John McKenna

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

14. Maiden name Mammie Easterling

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

16. (a) Informant Mrs. Lilly McKenna

(b) Address Prichard Alabama

17. (a) Removal (b) Date thereof 10/17/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mobile Alabama

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address 6633 Clayton Road

19. (a) OCT 17 1945 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1945 hour 6:20 minute P. M.
21. I hereby certify that I attended the deceased from October 9
9 19 45 to October 16 19 45
that I last saw him alive on October 16 19 45
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Cardiac Decompensation
Due to myocardial failure 10 min.
Due to Coronary artery disease ?
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
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 name of place) Means of injury _____
23. Signature Ambruster (M. D. or other) MD
Address Mo. Pac. N. Ry. Date signed 10-17-45

(Licensed Embalmer's Statement on Reverse Side)

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

100
17
9

MOTHER FATHER

Duration

PHYSICIAN

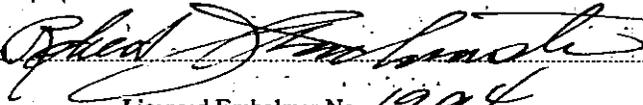
Underline the cause to which death should be charged statistically.

STATE OF MISSISSIPPI

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. 1994

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.