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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32143

FILED NOV 2 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9161

1. PLACE OF DEATH:

(a) County

(b) City or town SAINT LOUIS:
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
RES - 4525 LINDELL BLVD.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI: (b) County 000

(c) City or town SAINT LOUIS: 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4525 LINDELL BLVD. 12 9 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME ALLEN D. McKINNEY

3. (b) If veteran, name war No.

3. (c) Social Security No. none

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife Geneva R. McKinney.

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

7. Birth date of deceased Nov. (Month) 30th (Day) 1880 (Year)

8. AGE: Years 64 | Months 10 | Days 19 | If less than one day hr. min.

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

10. Usual occupation ADVERTISING REPRESENATIVE

11. Industry or business PERIODICALS & MAGAZINES

MOTHER FATHER

12. Name UNKNOWN - McKINNEY 9

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

14. Maiden name UNKNOWN

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

16. (a) Informant Mrs. Geneva R. McKinney.

(b) Address 4525 Lindell Blvd.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 10-23-45 (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C. R. LUPTON & SONS

(b) Address 7233 DELMAR BLVD.

19. (a) OCT 23 1945 (Date received local registrar) J. J. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 19
year 1945 hour 1 minute 20 A.M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Terminal Bronchopneumonia	
Due to Carcinoma of the Bladder	
Due to Urinary	
Other conditions 52 (Include pregnancy within 3 months of death)	

PHYSICIAN

Major findings:
Of operations

Of autopsy

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 Alfred G. Barry (M. D. or other)

Address Date signed 10/20/45

(Licensed Embalmer's Statement on Reverse Side)

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: Clarence A. Murray

Licensed Embalmer No. 4011

P. O. Address St. Louis, Mo.

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.