

S. No. 2
M-5-43
. 5-17-39
P I X3671

FILED DEC 12 1945
318

Registration District No. _____ Primary Registration District No. **1003** Registrar's No. **10483**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
3819a Easton Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 32 Years
(Specify whether years, months or days)

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000

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

(d) Street No. 3819a Easton Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No) 0

If yes, name country _____

3. (a) PRINT FULL NAME Mary Elizabeth McKenzie

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

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month Dec. day 1st., year 1945 hour 4 minute 05 p. M.

4. Sex F. 5. Color or race W.

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

6. (b) Name of husband or wife Edward W. McKenzie 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept. 16th., 1898
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 3, 1945, to Dec 1, 1945.
that I last saw her alive on Dec 1, 1945, and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>2</u>	<u>15</u>	hr. _____ min. _____

Immediate cause of death: Carcinoma ovary Generalized Metastases
Due to Acute Nephritis

Duration 1 year.
5 days

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

10. Usual occupation Housewife

Due to _____

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

Major findings: _____

Of operations _____

Of autopsy _____

11. Industry or business _____

12. Name James Huskey

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

14. Maiden name Elizabeth Wilson

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

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? _____

16. (a) Informant Mr. Edward W. McKenzie

(b) Address 3819a Easton Ave.

17. (a) Burial (b) Date thereof 12-4-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Pk.

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature B. B. Levin (M. D. or other) _____
Address 4487 Wabasha Date signed Dec 3/45

18. (a) Signature of funeral director Arthur J. Connelly

(b) Address 3840 Lindell Blvd.

19. (a) DEC 3 1945 (b) J. F. Bredek
(Date of local registration) (Registrar's signature)

Dr. Jansen
4487 Westminster
W.C. 3613
3-16
PJ

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.H. VanMatre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.