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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

35591

FILED DEC 7 1945

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10216

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: St. Marys Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 45 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

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

(d) Street No. 4638 Lewis Pl.
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Andrew McKinnis

3. (b) If veteran, name war ---

3. (c) Social Security No.

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Willie McKinnis

6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February (Month) 14th (Day) 1877 (Year)

8. AGE: Years 68 Months 9 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired Pullman Porter

11. Industry or business Pullman Company

FATHER
12. Name Samuel McKinnis
13. Birthplace Mobile (City, town, or county) Alabama (State or foreign country)

MOTHER
14. Maiden name Emma Lewis
15. Birthplace Mobile (City, town, or county) Alabama (State or foreign country)

16. (a) Informant Winston McKinnis
(b) Address 4638 Lewis Place

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/27/45 (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) NOV 26 1945 (Date received local registrar) (b) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 24th year 1945 hour 3:35 minute A.M M.

21. I hereby certify that I attended the deceased from 10-24 45, 19, to 11-24 1945, that I last saw him alive on 11-24-45, 19; and that death occurred on the date and hour stated above.

Immediate cause of death: Broncho-pneumonia — Duration 4 days
Fre. Rt Humerus — 1 month

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

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) Fall at home (Not cause of death.)

(b) Date of occurrence 10-18-45

(c) Where did injury occur? St. Louis (City or town) (County) No Ano (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)

While at work? (e) Means of injury Fall

23. Signature [signature] (M. D. or other)

Address #1 North Jefferson Date signed 11/26/4

(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

Thomas J. Gates, Registered Apprentice No.

working under my personal supervision.

Signed Thomas J. Gates

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.