

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.

**FILED** FEB 28 1946

7701  
1326

Registration District No.

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County.....  
(b) City or town..... St. Louis  
(c) Name of hospital or institution:  
4232 N. 9th St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution..... None  
(Specify whether  
In this community.....  
years, months or days)

3. (a) PRINT FULL NAME Dorcas E. McKinney

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

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William R. McKinney  
6. (c) Age of husband or wife if alive 79 years  
7. Birth date of deceased March 14, 1870  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
75 10 23 hr. min.

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

10. Usual occupation At home

11. Industry or business

MOTHER FATHER { 12. Name Ewing Griffith  
13. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Lower  
15. Birthplace Unknown Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant William R. McKinney  
(b) Address 4232 N. 9th St.

17. (a) Burial (b) Date thereof 2/9/46  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
(b) Address 2161 East Fair Ave

19. (a) FEB 8 1946 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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. 4232 N. 9th St.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 6  
year 1946 hour 11 minute 45 AM.  
21. I hereby certify that I attended the deceased from Feb 6 1946  
that I last saw her alive on Feb 6 1946  
and that death occurred on the date and hour stated above.  
Immediate cause of death possible thrombosis Duration 5 days

Due to Hypertension  
Due to 78  
Other conditions.....  
(Include pregnancy within 3 months of death)

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

23. Signature [Signature] (M. D. or other)  
Address 4901 N. Grand Date signed 2/6/46

(Licensed Embalmer's Statement on Reverse Side)

7-8

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 William E. Bushko  
Licensed Embalmer No. 2110  
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.**