

Registration District No. 318

Primary Registration District No.

Registrar's No. 10931

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:
5431 Gresham Ave
(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)

3. (a) PRINT FULL NAME James H. McKinney

3. (b) If veteran, name war..... 3. (c) Social Security No. 702-12-5601

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Catherine McKinney 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 13 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 9 6 ..hr. ..min.

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

10. Usual occupation Foreman

11. Industry or business Terminal R.R. Ass'n

12. Name John B. McKinney
13. Birthplace Kentucky (City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Catherine M. McKinney
(b) Address 5431 Gresham Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-21-1946 (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marous Cemetery

18. (a) Signature of funeral director Frederick Bros.
(b) Address 6409 Gravois Ave

19. (a) DEC 20 1946 (Date of local registrar) (b) J. F. Buresch (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. 5431 Gresham Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 19th day December
year 1946 hour 5:30 minute A. M.

21. I hereby certify that I attended the deceased from April 26, 1946
to December 19, 1946
that I last saw him alive on December 19, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to.....
Due to.....

Other conditions Hypertension
(Include pregnancy within 6 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 type of place)
(e) Means of injury.....

23. Signature R. Sheidan (M. D. or other) M.D.
Address 1735 So. Grand Blvd Date signed 12-20-46

Dr. Shendane
2602 A. Evans
Si - 6519

Dr. Shendane
The Pac Stray
not

10 A M

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..... *Horner W. Fritz*

Licensed Embalmer No. *3882*

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.