S. No. 2
M—5-43
v. 5-17-39
1947

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

6652

State File No.

Registration District No. 318 FILED MAR 11

Primary Registration District No. 1003

Registrar's No. 2153

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution:
1934 Winnebago
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

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

(d) Street No. 1934 Winnebago
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Elizabeth A. McKenney

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife U. G. McKenney

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July (Month) 19 (Day) 1872 (Year)

8. AGE: Years 74 Months 7 Days 12 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Unknown Dolder
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

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

16. (a) Informant U. G. McKenney
(b) Address 1934 Winnebago

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 (Month) 3 (Day) 47 (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Kriegshauser Und. Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) MAR 3 1947 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 1st year 1947 hour 1:30 minute A.M.

21. I hereby certify that I attended the deceased from 6/1/45, 19, to 3-1, 1947 that I last saw her alive on 3-1, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Uremia	2 days
Due to Chronic nephritis	2 yr
Due to Hypertension	?
Other conditions Myocarditis (Include pregnancy within 3 months of death)	3

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)
(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 [signature] (M. D. or other) M.D.
Address 3800 S. Broadway Date signed 3/3/47

(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. Richard W. Stoveserd

Licensed Embalmer No. 4007

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.