

No. 2
-1/47
-17-39

FILED MAY 1 1947

1003

Registrar's No. 2207

Registration District No.

Primary Registration District No.

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:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ood
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1707 Franklin
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No) 0
If yes, name country.....

3. (a) PRINT FULL NAME Callie McKinley

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

4. Sex mal 5. Color or race negro
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife.....
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased 3 12 1911
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
36 1 10 hr. min.

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

10. Usual occupation House w

11. Industry or business no

12. Name Israel McKinley
13. Birthplace Seabey, Miss.
(City, town, or county) (State or foreign country)
14. Maiden name Mathie Barker
15. Birthplace Marillie, Miss.
(City, town, or county) (State or foreign country)

16. (a) Informant Jewett McKinley
(b) Address 1707 R. Franklin Ave.
17. (a) burial (b) Date thereof 4 25 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Miss

18. (a) Signature of funeral director Davis & Brown
(b) Address 1405 Bickels St.
19. (a) APR 23 1947 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22
year 1947 hour 9 minute 5 A M

21. I hereby certify that I attended the deceased from 3-18, 1947, to 4-22, 1947
that I last saw her alive on April 22, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis
Duration Undet.

Due to 1/1C
Due to.....

Other conditions Pulmonary Congestio chronic
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations.....
Of autops: Yes
Underline the cause of 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 E. Williams (M. D. or other) 0
Address 2601 N Whittier Date signed 4/22/47

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

MOTHER FATHER

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 Chas. L. Howell

Licensed Embalmer No. 2452

P. O. Address 2874 Gamble

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.