

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 13 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19119
Registrar's No. 5453

Registration District No. 318 Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
 (b) City or town St. Louis, Mo.
 (c) Name of hospital or institution: Imfirmary Hospital
 (d) Length of stay: In hospital or institution 2/26/46 to 5/27/47
 In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis
 (d) Street No. 5800 Arsenal St.
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME ALONZO Mc KENZIE
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 2 5. Color or race Col 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 Aug 5 1890
 (Month) (Day) (Year)

8. AGE: Years 56 Months 9 Days 22 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business _____

12. Name Cal McKenzie

13. Birthplace Arkansas
 (City, town, or county) (State or foreign country)

14. Maiden name Martha Pettford
 (City, town, or county) (State or foreign country)

15. Birthplace Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant City Imfirmary Records
 (b) Address 5800 Arsenal St.

17. (a) Anatomical Burial Date thereof 6-2-47
 (Burial, cremation, or reinterment) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director W. Rieker
 (b) Address JUNE 200 Rutger

19. (a) _____ (b) J.F. Breaker
 (Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
 year 1947 hour 3 minute 50 P. M.

21. I hereby certify that I attended the deceased from Feb. 26 1946 to May 27 1947
 that I last saw him alive on May 27 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Tuberculosis Pulmonary 13B Many Years
 Duration _____

Due to Bed Sores 153 due to General Debility 5 Mo.
 Due to Malnutrition 200A due to Tuberculosis

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) _____
 (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 _____ M. D. or other _____
 Address _____ Date signed 5-27-47

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.....

Licensed Embalmer No.....

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.