

FILED JUL 7 1947
318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 6091

1. PLACE OF DEATH:

(a) County St. Louis
(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 Phillips Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 26 Hours
In this community 23 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street 3960 Evans Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Rufus McKinney

3. (b) If veteran, name war _____ 3. (c) Social Security No. 491-16-8130

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Addie McKinney 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased October 23d 1905
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 7 29 hr. / min

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

10. Usual occupation Porter

11. Industry or business Weber-Diebel Ford Co.

MOTHER FATHER
12. Name Unavailable McKinney
13. Birthplace Whitesville Tennessee
(City, town, or county) (State or foreign country)
14. Maiden name Addie--Unknown
15. Birthplace Whitesville Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Addie McKinney
(b) Address 3960 Evans Ave.

17. (a) Burial (b) Date thereof 6/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) JUN 25 1947 (b) J. F. Prudeak
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 22nd
year 1947 hour 5:00 minute A, M. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Apoplectic Hemorrhage
fractured right femur
3 weeks ago when he
jumped off a table
while playing pool
upon which
he was leaning unbeknownst
to the doctor in front of 1220
of Evans Ave. on 6/18/47
June 21 1947

Other conditions 195
(Include primary 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) Accidental 000
(b) Date of occurrence June 21 1947
(c) Where did injury occur? at home
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In the street above
Where of work? _____ (Specify type of place)
(e) Means of injury above
23. Signature Charles J. Gates (M. D. or other) 3
Address 3960 Evans Ave. Date signed 6/28/47

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

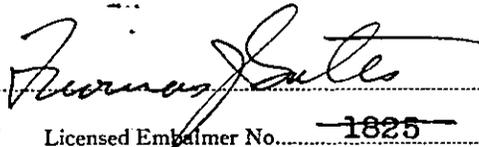
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

John K. Gunningham

, Registered Apprentice No. 452

working under my personal supervision.

Signed..... 

Licensed Embalmer No. 1825 4259

P. O. Address..... 4107 Finney Ave.

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.