S. No. 2
1—1/47
5-17-39

#78600

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 3 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 36026

Registrar's No. 9813

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week
(Specify whether years, months or days)
In this community

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. 2224a S. 3rd St. Rear
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Elizabeth Gass McKenna
3. (b) If veteran, name war
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 Michael
6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased December (Month) 1 (Day) 1877 (Year)

8. AGE: Years 69 Months 10 Days 21 If less than one day hr. min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation At Home
11. Industry or business

FATHER
12. Name Louis Gass
13. Birthplace Don't Know (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Katherine McKenna
15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Evers
(b) Address 4504 Virginia Ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/25/47 (Month) (Day) (Year)
(c) Place: burial or cremation St. Trinity Luth. Cem.
18. (a) Signature of funeral director Gebken-Benz Mortuary
(b) Address 2842 Meramec St.
19. (a) OCT 22 1947 (Date received local registrar) (b) J. F. Bedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd year 1947 hour 2:25 minute A M.
21. I hereby certify that I attended the deceased from 10/16/47, 19..., to Oct. 22nd, 19 47 that I last saw her alive on Oct. 22nd, 19 47 and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Uremia

Due to Atomic Bomber - Cancer
Hypercorticosis -

Due to Cancer of gallbladder
Cirrhosis

Other conditions Cancer cervix uterus -
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
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 Julius W. Korby, M.D. (M. D. or other)
Address 1515 Lafayette Date signed 10/22/47

Jefferson City Printing Co.

(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.....Joe B. Berg.....

Licensed Embalmer No.....04249.....

P. O. Address.....7842 Meramec St.

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.