V. S. No. 2
50M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 39926

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 10339

WRITE PLAINLY—USING 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: Infirmary Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/27/45 To 11/8/47 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County 0-0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5800 Arsenal St. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 13 J
If yes, name country

3. (a) PRINT FULL NAME MARCELLA McKENNEY
3. (b) If veteran, name war
3. (c) Social Security No. None.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 13 (Day) 1866 (Year)

8. AGE: Years 81 Months 5 Days 5 If less than one day hr. min.

9. Birthplace Indiana (City, town, or county) (State or foreign country)
10. Usual occupation Nil
11. Industry or business

FATHER
12. Name ? Hildebrand
13. Birthplace Indiana (City, town, or county) (State or foreign country)

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

16. (a) Informant City Infirmary Records
(b) Address 5800 Arsenal St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 11, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem.
18. (a) Signature of funeral director Siegenheim Bros
(b) Address 6409 Gravois Ave.
19. (a) NOV 10 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8 year 1947 hour 3 minute 35 P.M.
21. I hereby certify that I attended the deceased from July 1, 1947, to Nov. 8, 1947; that I last saw her alive on Nov. 8, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cardiac failure	
Arteriosclerotic heart disease	
Due to Pulmonary congestion	
Due to	
Other conditions (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 0
23. Signature Warren C. Lewis (M. D. or other)
Address 5600 Arsenal Date signed 11-8-47

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 Homer H. Fritz

Licensed Embalmer No. 3885

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.