S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 5 1948

Registration District No. 317

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 10947

Primary Registration District No. 3069

Registrar's No. 795

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town RICHMOND HEIGHTS
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: ST. MARY'S O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000

(c) City or town ST. LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3940 OLEATHA 9
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country 1

3. (a) PRINT FULL NAME EVA McKAY

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex FEl

5. Color or race W

6. (a) Single, widowed, married, divorced M. 1

6. (b) Name of husband or wife CHARLES F McKAY

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased FEB (Month) 10 (Day) 1886 (Year)

8. AGE: Years 62 Months 1 Days 13 If less than one day ..... hr. ..... min.

9. Birthplace CHARLESTON (City, town, or county) MO O (State or foreign country)

10. Usual occupation HOUSEWIFE.

11. Industry or business .....

FATHER
12. Name JAMES FORD
13. Birthplace ..... (City, town, or county) MO O (State or foreign country)

MOTHER
14. Maiden name LAURA ~~UNKNOWN~~ BERRY
15. Birthplace ..... (City, town, or county) MO O (State or foreign country)

16. (a) Informant CHARLES F McKAY
(b) Address 3940 OLEATHA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAR. 26-48 (Month) (Day) (Year)
(c) Place: burial or cremation OAK GROVE CEM.

18. (a) Signature of funeral director E. J. SCHNUR
(b) Address 3125 LAFAYETTE

19. (a) 3-26-48 (Date received local registrar) (b) Ceula J Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 24
year 1948 hour 4:45 minute A M.

21. I hereby certify that I attended the deceased from 8/5, 1947, to 3/23, 1948;
that I last saw her alive on 3/23, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma urethra	2 yrs.
Due to	
Due to 52	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Ca urethra
Of autopsy Ca urethra
Generalized metastases

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? ..... (Specify type of place)
While at work? ..... (e) Means of injury O

23. Signature W. F. Melick (M. D. [redacted])
Address 634 N. Grand Ave Date signed 3/24/48

(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 Ronald Zahnke

Licensed Embalmer No. 3917

P. O. Address St Louis

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.