

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

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8-06

FEDERAL BUREAU OF VITAL STATISTICS  
National Office of Vital Statistics  
FILED JUL 28 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH  
1003

24506  
State File No. \_\_\_\_\_  
Registrar's No. 6337

Registration District No. 318

Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4100a N. Broadway  
(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

3: (a) PRINT FULL NAME William R. Mc Kinney  
3. (b) If veteran, name war None  
3. (c) Social Security No. None

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 10 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 2 6 hr. min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Joseph Mc Kinney  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Carrol  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry C. Mertz  
(b) Address 4100a N. Broadway

17. (a) Burial (b) Date thereof 7-19-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Bellefontaine Cemetery

18. (a) Signature of funeral director Math. Hermann & Son, Inc.  
(b) Address 2161 E. Fair Ave

19. (a) JUL 17 1948 (b) J. F. Bredsch  
(Date received local registrar) (Registrar's signature)

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") 9  
(d) Street No. 4100a N. Broadway  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 16  
year 1948 hour 2 minute 15 a.m.

21. I hereby certify that I attended the deceased from 7/15, 1948, to 7/16, 1948  
that I last saw him alive on 7/14, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
DIABETES MELLITUS Duration 6 mo

Due to \_\_\_\_\_  
61

Other conditions CONGESTIVE HEART  
(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)  
(c) Means of injury 9

23. Signature J. F. Bredsch (M. D. or other) \_\_\_\_\_  
Address 4901 N. Grand Date signed 7/16/48

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**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.....

*Richard D. Burnley*

Licensed Embalmer No. *42020*

P. O. Address.....

*St. Louis, Mo.*

**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.**

Registration District No. 318 Primary Registration District No. 1003

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

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State..... (b) County.....  
 (c) City or town.....  
(If outside city or town limits, write "RURAL")  
 (d) Street No.....  
(If rural, give location)  
 (e) Citizen of foreign country?..... (Yes or No)  
 If yes, name country.....

**3. (a) PRINT FULL NAME** Wm R. McKinney  
 3. (b) If veteran, name war..... 3. (c) Social Security No.....

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month Aug year 1948 hour 10 minute 6 M.  
**21. I hereby certify that I attended the deceased from** 1948 to 1948;  
 that I last saw him alive on May 10, 1948,  
 and that death occurred on the date and hour stated above.  
 Immediate cause of death.....

4. Sex M 5. Color or race W  
 6. (a) Single, widowed, married, divorced Wed  
 6. (c) Age of husband or wife if alive.....

Duration  
 Due to.....  
 Due to.....  
 Other conditions (include pregnancy within 3 months of death)  
 Major findings:  
 Of operations.....  
 Of autopsy.....

**8. AGE:** Years 82 Months 2 Days 2  
(If less than one day hr. min.)  
 9. Birthplace (City, town or county) Mo (State or foreign country)

**10. Usual occupation**  
**11. Industry or business**  
**12. Name**  
**13. Birthplace** (City, town, or county) (State or foreign country)  
**14. Maiden name**  
**15. Birthplace** (City, town, or county) (State or foreign country)

**16. (a) Informant**  
 (b) Address  
**17. (a)** (Burial, cremation, or removal) **(b) Date thereof** (Month) (Day) (Year)  
 (c) Place: burial or cremation  
**18. (a) Signature of funeral director**  
 (b) Address  
**19. (a)** (Date received local registrar) **(b)** (Registrar's signature)

**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) (c) Means of injury.....  
**23. Signature**..... (M. D. or other).....  
 Address..... Date signed.....

**SUPPLEMENTARY**

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

MOTHER FATHER

**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

J-22506