

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

27988

FILED AUG 23 1948

Registration District No.

Primary Registration District No.

1003

Registrar's No.

7108

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: Homer G Phillips Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 2 days (Specify whether
In this community 38 yrs
years, months or days)

3. (a) PRINT FULL NAME Dr. Epenectus A. McKinney
3. (b) If veteran, name war --- 3. (c) Social Security No. None

4. Sex Male 2 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Divor.
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive ? years
7. Birth date of deceased February 17th 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 23 hr. min.

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

10. Usual occupation Denist

11. Industry or business ---

MOTHER FATHER { 12. Name Albert McKinney /
13. Birthplace Unk. S. Carolina
(City, town, or county) (State or foreign country)
14. Maiden name Armosey Baptiste
15. Birthplace Plaquemine, La. /
(City, town, or county) (State or foreign country)

16. (a) Informant Lucinda Taylor
(b) Address 1726 Carver Lane
17. (a) Burial (b) Date thereof 8/14/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.
18. (a) Signature of funeral director Charles J. Gates
(b) Address 4107 Finney Ave.

19. (a) AUG 13 1948 (b) J. F. Braddock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County 6000
(c) City or town St Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1726 Carver Lane 9
(If rural, give location)
(e) Citizen of foreign country? 25 (Yes or No) 0
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 10
year 1948 hour 8 minute 47 P. M.

21. I hereby certify that I attended the deceased from August 8, 1948 to August 10, 1948
that I last saw him alive on August 10, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Liver Unk
Cirrhosis of Liver Unk

Due to Ht

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations See Above
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? O. J. Daniels (Specify type of place) (c) Means of injury

23. Signature O. J. Daniels (M. D. or other)
Address 2601 N Whittier Date signed 8-11-48

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.....

Thomas J. Gates

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....


Licensed Embalmer No. 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.