No. 300
-10-47
-17-39
-I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31231

FILED OCT 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 8440

1. PLACE OF DEATH:
(a) County St Louis
(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: St Mary's Inf.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether years, months or days)
In this community —

2. USUAL RESIDENCE OF DECEASED:
(a) State Ill. (b) County St Clair
(c) City or town E. St Louis Ill.
(If outside city or town limits, write "RURAL")
(d) Street No. 925 South 11th St.
(If rural, give location)
(e) Citizen of foreign country? NR (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charline McKinley
3. (b) If veteran, name war —
3. (c) Social Security No. —

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Md
6. (b) Name of husband or wife —
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 10 (Day) 1948 (Year)

8. AGE: Years | Months 1 | Days 17 | If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation —
11. Industry or business —
FATHER
12. Name Charles H McKinley
13. Birthplace Commerce, Mo. (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Eula Lee Jackson
15. Birthplace Shaw, Mississippi (City, town, or county) (State or foreign country)
16. (a) Informant Charles H. McKinley
(b) Address 925 South 11th St E. St Louis Ill.
17. (a) E. St Louis (Burial, cremation, or removal) (b) Date thereof Sept 28 1948 (Month) (Day) (Year)
(c) Place: burial or cremation E St Louis, Ill
18. (a) Signature of funeral director P. J. Cruzeler
(b) Address 1036 Tudor, St Paul
19. (a) SEP 28 1948 (Date received local registrar) (b) E. St Louis Ill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1948 hour 11 minute 45 P.M.
21. I hereby certify that I attended the deceased from Sept 27 1948, 19..., to Sept 27 1948, that I last saw him alive on Sept 27 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Toxic Diarrhea — Duration 3 days
Due to —
Due to —
Other conditions None (Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy None

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) No
(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 J. H. Jackson (M. D. or other)
Address 1008 Bailey, E St L Ill Date signed 9-28-48

(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 Not Emb.

Licensed Embalmer No.....

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.