

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

FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED NOV 24 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**

State File No. **38412**  
Registrar's No. **9872**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County ST LOUIS, MO  
(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:  
Missouri Baptist Hosp  
(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 Missouri (b) County Jefferson  
(c) City or town Cedar Hill  
(If outside city or town limits, write "RURAL")  
(d) Street No. N.R  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Augusta McKee  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased 1-1-1867  
(Month) (Day) (Year)

**8. AGE:** Years 80 Months 11 Days 26 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Farmer

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

**MOTHER FATHER**  
12. Name Frank McKee  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Saphronia Ingells  
15. Birthplace Ware Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Oscar McGee  
(b) Address Cedar Hill Mo

17. (a) Burial (b) Date thereof 11-14-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Cedar Hill Mo

18. (a) Signature of funeral director Robert Mortuary Service  
(b) Address 4104 Manchester

19. (a) NOV 15 1948 (b) John B. Lassiter  
(Date received local registrar's certificate) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 11 1/2  
year 1948 hour 3 minute 45 P.M.  
21. I hereby certify that I attended the deceased from 11/6/48  
\_\_\_\_\_, 19\_\_\_\_, to 11/11, 1948  
that I last saw him alive on 11/10, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration 2 days  
Due to leakage of stomach contents into abdominal cavity 4 days  
Due to ulcer of stomach 15 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 117  
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 \_\_\_\_\_  
23. Signature L. W. Mullikin (M. D. or other) M.D.  
Address 2608 A. Highway Date signed \_\_\_\_\_

469

2286

**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 O Zahnke

Licensed Embalmer No. 3917

P. O. Address. St Louis 10 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.**