No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42015

FILED DEC 31 1948

Registration District No. 2727

Primary Registration District No. 3069

Registrar's No. 2858

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

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 Hospt
(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 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 5952 De Giverville
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Infant McKye

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife .....

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

7. Birth date of deceased Dec (Month) 11 (Day) 1948 (Year)

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

9. Birthplace ~~St. Louis~~ Richmond Ht. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation .....

11. Industry or business .....

FATHER
12. Name James McKye
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Ethel Mae Zigrang
15. Birthplace Bressel (City, town, or county) Ills (State or foreign country)

16. (a) Informant James McKye
(b) Address 5952 De Giverville

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec 13 1948 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemt.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) 12-13-48 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11 year 1948 hour 10 minute 15 p.M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19.....; that I last saw him alive on 12-11, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pre mature un viable	
Due to	
Due to 159	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN

Underline the cause of 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

23. Signature Carl C. Inch (M. D. or other) MD

Address Webster Groves Date signed 12-13-48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Carl Irick
227 E. Lockwood
PE 2960. 9 A.M.

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.

No Embalming

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont

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.