

FILED FEB 14 1949

STANDARD CERTIFICATE OF DEATH

3498

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>St. Louis ..</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois.</u> b. COUNTY <u>St. Clair.</u>	
V. b. CITY OR TOWN <u>Richmond Heights</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>East St. Louis, Illinois.</u>	
c. LENGTH OF STAY (in this place) <u>5 mos.</u>		d. STREET ADDRESS (If rural, give location) <u>3030 No. Park Drive.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 11, 1949</u>	
3. NAME OF DECEASED (Type or Print) <u>Arthur H. McKane</u>		5. SEX <u>Male</u>	
a. (First)		6. COLOR OR RACE <u>White</u>	
b. (Middle)		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, SEPARATED <u>Married</u>	
c. (Last)		8. DATE OF BIRTH <u>August 12th 1892</u>	
9. AGE (In years last birthday) <u>56</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrician</u>	
11. BIRTHPLACE (State or foreign country) <u>East St. Louis, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Patrick McKane</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Carroll</u>	
14. NAME OF DECEASED'S WIFE <u>Nellie Perry</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes... World War I</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry McStay</u> ADDRESS <u>St. Louis Ill.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of heart</u> ANTECEDENT CAUSES <u>Carcinoma of stomach</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>General Emaciation from Cancer</u>	
19a. DATE OF OPERATION <u>8/16/48</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>Aug 19 1948</u> , to <u>Jan 11, 1949</u> , that I last saw the deceased alive on <u>1/11 1949</u> , and that death occurred at <u>3:05 P. m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>[Address]</u>	
23c. DATE SIGNED <u>1/12/49</u>		24a. BURIAL CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>1-12-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Clair Belleville, Ill.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. M. Buchler</u> ADDRESS <u>East St. Louis</u>	
DATE REC'D BY LOCAL REG. <u>1-12-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>	

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

FEB 27 1946

Dr. De la Cruz
Wash.

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student-Embalmer

Signed Ben. H. Baldurin

Licensed Embalmer No. 2470

P. O. Address St. Louis Ills

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.