

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28316

7792

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. LENGTH OF STAY (in this place) 60 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1460 Frances St.		d. STREET ADDRESS (If rural, give location) 27 1460 Frances Street	
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle)		c. (Last) McKenzie	
4. DATE OF DEATH (Month) (Day) (Year) 9 3 1949		5. SEX male	
6. COLOR OR RACE negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH June 23, 1880		9. AGE (In years last birthday) 69	
10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) Truck Driver		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) 9		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Ern McKenzie		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE Ida McKenzie		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	
16. SOCIAL SECURITY NO. 499-01-6208		17. INFORMANT'S SIGNATURE OR NAME Ida McKenzie	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Vehular Disease of Heart</u> ANTECEDENT CAUSES 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>My perforation of Spleen</u> <u>Arterio-Sclerosis</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) 9 (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4500		22. I hereby certify that I attended the deceased from April 4, 1949, to Sept 3, 1949, that I last saw the deceased alive on Aug 29, 1949, and that death occurred at 10:30 P.M., from the causes and on the date stated above.	
23a. SIGNATURE St Louis Schuchat MD		23b. ADDRESS 2200 Chouteau Ave	
23c. DATE SIGNED 9-6-49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Sept 10, 1949		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
24d. LOCATION (City, town, or county) (State) St. Louis County, Mo		25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son	
DATE REC'D BY LOCAL REG. SEP 8 1949		REGISTRAR'S SIGNATURE J B Fasater	
25. FUNERAL DIRECTOR'S SIGNATURE Dement & Son		ADDRESS 2629-31 Cole St.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed W. Claude Gordon

Licensed Embalmer No. 3489

P. O. Address 4575 Alder

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.