

FILED OCT 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32561

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 517 PRIMARY REG. DIST. NO. 6076 Registrar's No. 4006

1. PLACE OF DEATH a. COUNTY <i>St. Louis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Pine Lawn</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Pine Lawn</i>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <i>6213 Creston, Pine Lawn</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>6213 Creston</i>			

3. NAME OF DECEASED (Type or Print)	a. (First) <i>Helen</i>	b. (Middle) <i>M.</i>	c. (Last) <i>Mc'Kenna</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>9/25/49</i>
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5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>12/15/1898</i>	9. AGE (In years last birthday) <i>51</i>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <i>St. Jacob, Ill.</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
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13a. FATHER'S NAME <i>August Mueller</i>	13b. MOTHER'S MAIDEN NAME <i>Elizabeth Schaefer</i>	14. NAME OF HUSBAND OR WIFE <i>Charles J. Mc'Kenna</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Charles J. Mc'Kenna</i>	ADDRESS <i>6213 Creston</i>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Spinal Sclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH  <i>345X</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause. (a) stating the underlying cause last. DUE TO (b) <i>None</i> DUE TO (c) <i>None</i>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>None</i>		

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <i>None</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE OR HOMICIDE (Specify) <input checked="" type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from *3/11 1948*, to *9/25 1949*, that I last saw the deceased alive on *9/24*, 19*49*, and that death occurred at *5:17* p.m., from the causes and on the date stated above.

23a. SIGNATURE <i>James J. Kelly M.D.</i> (Degree or title)	23b. ADDRESS <i>6125 Barbours</i>	23c. DATE SIGNED <i>9/26/49</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>9/28/49</i>	24c. NAME OF CEMETERY OR CREMATORY <i>National Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Jefferson Bks., Mo.</i>
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DATE REC'D BY LOCAL REG. <i>9-27-49</i>	REGISTRAR'S SIGNATURE <i>Heather R. Hoveler M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Sullivan Funeral Dir.</i>	ADDRESS <i>2849 Euclid</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

PH-16

JAN 18 1961

**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 *Gustav W. Dietrich*

Licensed Embalmer No. 4329

P. O. Address St. Louis, 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.