

308 N. GR
FILED APR 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10778

State File No. _____

No. 300
10-48

318

PRIMARY REG. DIST. NO. 1000 Registrar's No. 1817

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1000		Registrar's No. 1817			
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 town) St. Louis		c. LENGTH OF STAY (in this place) 1 Day		c. CITY (If outside corporate limits, write RURAL and give township) Grover		4250			
d. FULL NAME OF HOSPITAL OR INSTITUTION Park Lane Hospital				d. STREET ADDRESS (If rural, give location) Center Ave.					
3. NAME OF DECEASED (Type or Print) a. (First) Stella		b. (Middle) Marie		c. (Last) Mc-Kinnon		4. DATE OF DEATH (Month) (Day) (Year) Feb. 23-1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Dec. 15-1919			
9. AGE (In years last birthday) 30		10. UNDER 1 YEAR Months _____ Days _____		10. UNDER 1 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Punch press operator, Loose Leaf Metals. St. Louis Co. Mo.			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) _____			
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13a. FATHER'S NAME Alfred Mc-Kinnon		13b. MOTHER'S MAIDEN NAME Sadie Mc-Daniel		14. NAME OF HUSBAND OR WIFE Single		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If you give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Alfred Mc-Kinnon		ADDRESS Grover Mo.			
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) Pituitary Tumour ANTECEDENT CAUSES Erosion in Rt. Ethmoid 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.				INTERVAL BETWEEN ONSET AND DEATH 12 yrs. 4 days	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) 921 (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? _____					
22. I hereby certify that I attended the deceased from 2-22, 1950 , to 2-23, 1950 , that I last saw the deceased alive on 2-23, 1950 , and that death occurred at 3:00 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) John G. Kennedy M.D. Chm.				23b. ADDRESS 508 No. Grand.		23c. DATE SIGNED 2-24-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) B		24b. DATE Feb. 26-1950		24c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		24d. LOCATION (City, town, or county) (State) Pond Mo.			
DATE REC'D BY LOCAL REG. FEB 24 1950		REGISTRAR'S SIGNATURE J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Schrader Funeral Home, Ballwin, Mo.					

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

NO. 10 1201, 24. B 2207 112 00103, 0785 20 100, 110

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 *Theo. Schrader*

Licensed Embalmer No. 3066

P. O. Address Ballwin, 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.