

FILED MAY 20 1950

STANDARD CERTIFICATE OF DEATH

14764
State File No. 3959
Registrar's No.

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 none						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis mo		c. LENGTH OF STAY (in this place) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		5259				
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) 25 1726 Carver Lane						
3. NAME OF DECEASED (Type or Print) Miles			a. (First)		b. (Middle)		c. (Last) McKinney			
4. DATE OF DEATH (Month) (Day) (Year) 4-29-50		5. SEX Male		6. COLOR OR RACE Negro		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 28, 1888		
9. AGE (in years last birthday) 61		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours		IF UNDER 24 HRS. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Messenger			10b. KIND OF BUSINESS OR INDUSTRY Brokerage firm			11. BIRTHPLACE (State or foreign country) New Madrid, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Albert McKinney			13b. MOTHER'S MAIDEN NAME Armosey Baptiste			14. NAME OF HUSBAND OR WIFE Jesse McKinney, dec'd				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-1			16. SOCIAL SECURITY NO. 999		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lucinda Taylor, 1726 Carver Lane					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH		
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of left lung						6 mo.		
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last.								
		DUE TO (c) Myocardial infarction						14 hrs.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										
19a. DATE OF OPERATION 4/28/50		19b. MAJOR FINDINGS OF OPERATION Left pneumonectomy - carcinoma of left lung						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) (STATE)		163K				
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 4-20, 1950 , to 4-29, 1950 , that I last saw the deceased alive on 4-29, 1950 , and that death occurred at 2:30 A.M. , from the causes and on the date stated above.										
23a. SIGNATURE F.R. Bradley				(Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL		23c. DATE SIGNED 4/29/50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-3-50		24c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.				
DATE REC'D BY LOCAL REG. MAY 2 1950		REGISTRAR'S SIGNATURE J. B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles J. Gates, 4107 Finney Ave.					

(Licensed Embalmer's Statement on Reverse Side)

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

10428

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

John L. Cunningham

Signed
Student Embalmer

Licensed Embalmer No. 4476

P. O. Address 4107 Finney Avenue

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.