

FILED NOV 3 1950

STANDARD CERTIFICATE OF DEATH

State File No. 35075
89773

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 <u>Mo.</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>	2169
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>3940 OLEATHA</u>		d. STREET ADDRESS (If rural, give location) <u>3940 OLEATHA</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>F</u> c. (Last) <u>McKAY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>OCTOBER 21-50</u>		
--	--	--	---	--	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 30-1871</u>	9. AGE (In years last birthday) <u>79 YRS</u>	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
-----------------	----------------------------	--	--	---	------------	----------	-----------	----------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>General Manager</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MARK KAY MANUFACTURING Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
---	--	--	--	--	--	---	--

13a. FATHER'S NAME <u>URIAH McKAY</u>		13b. MOTHER'S MAIDEN NAME <u>SANIE LEWIS</u>		14. NAME OF HUSBAND OR WIFE <u>Edna McKAY</u>	
--	--	---	--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Edna McKay 3940 Oleatha Av.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>5:30 P.M.</u>	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>H201</u>
--	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Patrick L. Taylor, Coroner</u>		23b. ADDRESS <u>1300 Clark</u>		23c. DATE SIGNED <u>10 23 50</u>	
---	--	-----------------------------------	--	-------------------------------------	--

24a. BURIAL, CREMATION, TOMB, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Oct. 24-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>OAK GROVE CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u>		
--	--------------------------------	---	--	--	--

DATE REC'D BY LOCAL REG. <u>10 23 1950</u>	REGISTRAR'S SIGNATURE <u>J. B. Foster</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schmur 3125 Lafayette Av</u>			
---	--	---	--	--	--

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 _____

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Joseph Volmer*

Licensed Embalmer No. *21014*

P. O. Address *3125 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.