

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38786

State File No.

BIRTH NO. 77064-50 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9776

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|--|-------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY | |
| b. CITY OR TOWN <u>St. Louis</u> | | c. CITY OR TOWN <u>St. Louis</u> 2189 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route Firmin Desloge Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>3212 Park Ave.</u> | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Steven</u> b. (Middle) <u>T.</u> c. (Last) <u>McKee</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 16, 1950</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | 8. DATE OF BIRTH <u>Nov. 9, 1950</u> |
| 9. AGE (In years last birthday) <u>7</u> | | 10. USUAL OCCUPATION (If kind of work done during most of working life, even if retired) <u>None</u> | 11. BIRTHPLACE (State or foreign country) <u>St. Louis, Mo.</u> |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
| 13a. FATHER'S NAME <u>Clifford McKee</u> | | 13b. MOTHER'S MAIDEN NAME <u>Beautahn Thornton</u> | 14. NAME OF HUSBAND OR WIFE <u>None</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Clifford McKee, 3212 Park Ave.</u> |

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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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congenital Cardiac Hypertrophy</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| 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) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>7544 H</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 6:50 P. m., from the causes and on the date stated above.

| | | |
|---|---|--|
| 23a. SIGNATURE (Degree or title) <u>Patrick C. Taylor, 3rd, Coroner</u> | 23b. ADDRESS <u>1300 Clark</u> | 23c. DATE SIGNED <u>11-17-50</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-18-50</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> |
| 24d. LOCATION (City, town, or county) (State) <u>Normandy, Mo.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington Blvd.</u> |
| DATE REC'D. BY LOCAL HEALTH DEPT. <u>11/17/50</u> | REGISTRAR'S SIGNATURE <u>J. B. Foster</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.....

Robert M Murray

Signed.....
Student Embalmer

Licensed Embalmer No. *3749*

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.