

FILED AUG 7 1951

STANDARD CERTIFICATE OF DEATH

24964  
State File No. 6564  
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>6564</b>	
1. PLACE OF DEATH a. COUNTY <b>0</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>6yrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2069</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>1361 Montclair Ave.</b>				e. STREET ADDRESS (If rural, give location) <b>1331 Montclair Ave.</b>			
3. NAME OF DECEASED a. (First) <b>Mathilda</b> b. (Middle) <b>Margaretta</b> c. (Last) <b>McKinley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 22 1951</b>				
5. SEX <b>female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>		8. DATE OF BIRTH <b>Sept. 27 1882</b>	
9. AGE (in years last birthday) <b>68</b>		# UNDER 1 YEAR Months _____ Days _____		# UNDER 6 HRS. Hours _____ Mins. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Office clerk, Real Estate Co</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Real Estate Co</b>			11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>Mo.</b>		13a. FATHER'S NAME <b>William A. McKinley</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Dripps</b>		14. NAME OF HUSBAND OR WIFE <b>Mary A. McKinley</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mary A. McKinley, 1361 Montclair</b>			
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) <b>Coronary occlusion.</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis.</b> DUE TO (c) <b>Cardiovascular disease.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b> <b>3 yrs</b> <b>3 yrs</b>	
19a. DATE OF OPERATION <b>7/22</b>		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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) (Minute) <b>7:55 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>H2O X</b>			
22. I hereby certify that I attended the deceased from <b>July 21, 1951</b> , to <b>July 23, 1951</b> , that I last saw the deceased alive on <b>July 21, 1951</b> and that death occurred at <b>7:55 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Dr. Mrs. J. Langan, M.D.</b>				23b. ADDRESS <b>5803 Plymouth St.</b>		23c. DATE SIGNED <b>July 23/51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>7/25/51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>	
DATE REC'D BY LOCAL REG. <b>JUL 23 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Carter</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral, 1905 Union Blvd.</b>		

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

Dr. W. J. Langen,  
5803 Plymouth Ave.

(17-1)

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.....

*Albert R. Simpson*

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

*4237  
St. Louis*

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.