FILED SEP 22 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31676

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8210

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Louis City Hospital #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis Mo. 2199
d. STREET ADDRESS (If rural, give location) 4527 Forest Park

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET
b. (Middle)
c. (Last) MCKINLEY

4. DATE OF DEATH (Month) SEPT. (Day) 16 (Year) 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH March 19, 1862
9. AGE (In years last birthday) 89 — If under 1 year: Months 6, Days 28 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Graduate Nurse
10b. KIND OF BUSINESS OR INDUSTRY Nursing
11. BIRTHPLACE (State or foreign country) Latrobe Pennsylvania
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME John McKinley
13b. MOTHER'S MAIDEN NAME Harriett Yates
14. NAME OF HUSBAND OR WIFE

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.
17. INFORMANT'S SIGNATURE OR NAME Mrs Walton — **ADDRESS** 4527 Forest Park Blvd

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) Senile psychosis simple deterioration — Interval between onset and death: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — Interval: indet

DUE TO (c)

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 ☐ 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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? H 200

22. *I hereby certify that I attended the deceased from* 8-30-51, 19___, *to* 9-16-51, 19___, *that I last saw the deceased alive on* 9-16-51, 19___, *and that death occurred at* 12:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Paul M. Cadwell, M.D. (Degree or title)
23b. ADDRESS 1515 Lafayette Avenue
23c. DATE SIGNED 9-17-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Sept 18, 1951
24c. NAME OF CEMETERY OR CREMATORY Valhalla Cem.
24d. LOCATION (City, town, or county) (State) St. Charles Rock Rd. Mo.

DATE REC'D BY LOCAL REG. SEP 17 1951
REGISTRAR'S SIGNATURE J Carl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Bull-Campbell Mortuary — **ADDRESS** 4215 Lindell Blvd
(Licensed Embalmer's Statement on Reverse Side)

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.....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Ray E. Campbell

Licensed Embalmer No. 3881

P. O. Address.....

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

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