

APR 25 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 14536
318 1003 Registrar's No. 3585

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| BIRTH NO. | | REG. DIST. NO. | | PRIMARY REG. DIST. NO. | | 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 | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, | | c. LENGTH OF STAY (in this place) | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS, 2200 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION LITTLE SISTERS OF THE POOR | | | | d. STREET ADDRESS (If rural, give location) 20 3235 NO FLORISSANT AVE | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE | | b. (Middle) | | c. (Last) MCKENNEY | | 4. DATE OF DEATH (Month) (Day) (Year) APRIL 14, 1952 | |
| 5. SEX FEMALE | | 6. COLOR OR RACE WHITE | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2 | | 8. DATE OF BIRTH 9/26/1870 | |
| 9. AGE (In years last birthday) 81 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country) ST. LOUIS MISSOURI | |
| 12. CITIZENRY OF WHAT COUNTRY U.S.A. | | 13a. FATHER'S NAME FRANK SCHUETTE | | 13b. MOTHER'S MAIDEN NAME GERTRUDE SCHIENE | | 14. NAME OF HUSBAND OR WIFE HENRY R. MCKENNEY | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO | | 16. SOCIAL SECURITY NO. NONE | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS GEO. B. ZAENGLIN 3734 SALOME AVE | | | |
| 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>Chronic Myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u> | | | | INTERVAL BETWEEN ONSET AND DEATH ??? ??? | |
| 19a. DATE OF OPERATION <u>None</u> | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u> | | 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>None</u> | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>4222</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>March 12, 1952</u> to <u>April 15, 1952</u> , that I last saw the deceased alive on <u>April 15, 1952</u> and that death occurred at <u>3 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>Sumner H. Howe M.D.</u> | | | | 23b. ADDRESS <u>2435 N. Grand Blvd</u> | | 23c. DATE SIGNED <u>4-15-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE <u>4/17/52</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u> | | 24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MISSOURI</u> | |
| DATE REC'D BY LOCAL REG. APR 16 1952 | | REGISTRAR'S SIGNATURE <u>J. Carl Smith M.D.</u> <u>mgo</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</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

Albert Mayfield

Signed.....

Student Embalmer

Licensed Embalmer No. *3077*

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.