

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40485**
Registrar's No. **10079**

FILED DEC 2 1952

318

1003

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. 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)	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 4907 WEST PINE BLVD.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ST. LOUIS	
		d. STREET ADDRESS (If rural, give location) 4907 WEST PINE BLVD.	

3. NAME OF DECEASED (Type or Print) a. (First) ANDREW b. (Middle) JACKSON c. (Last) McKEE.			4. DATE OF DEATH (Month) (Day) (Year) NOV. 1, 1952		
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH NOV. 3, 1864	9. AGE (In years last birthday) 87	10. UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired; Salesman; Wholesale Furniture			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Christian, Tenn. #	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William McKee.	13b. MOTHER'S MAIDEN NAME Elizabeth unk	14. NAME OF HUSBAND OR WIFE Bessie M. McKee.
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. Bessie M. McKee; 4907 West Pine 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ebrillation Cardiac failure. INTERVAL BETWEEN ONSET AND DEATH 1 day ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia 1943. Food aspiration INTERVAL BETWEEN ONSET AND DEATH 7 days	
---	--	--	--

19a. DATE OF OPERATION 10-29-52	19b. MAJOR FINDINGS OF OPERATION Aspiration of food Bronchoscopic removal	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No	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 4331

22. I hereby certify that I attended the deceased from **4-13-49** to **11-1-52**, 19____, that I last saw the deceased alive on **11-1-52**, 19____, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. Fred W. Clear	(Degree or title) M.D.	23b. ADDRESS 864 Hamilton Blvd St. Louis 12 Mo	23c. DATE SIGNED 11-2-52
---	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Nov. 3, 1952	24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
--	----------------------------------	---	--

DATE REC'D BY LOCAL REG. NOV 3 1952	REGISTRAR'S SIGNATURE J. Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS M.C.R. Lupton & Sons; 7233 Delmar Blvd.
---	---	--

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

2354

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 No. _____

Signed Melvin L. Kember

Licensed Embalmer No. 4052

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.