

STANDARD CERTIFICATE OF DEATH

FILED JAN 2 1953

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 3226

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Creve Coeur</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>	
c. LENGTH OF STAY (in this place) <b>1 Yr.</b>		d. STREET ADDRESS (If rural, give location) <b>1361 Montclair Avenue</b>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>Evergreens Convalescing Home</b>			

3. NAME OF DECEASED a. (First) <b>Mary</b> (Type or Print)			b. (Middle) <b>A</b>			c. (Last) <b>McKinley</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-16-1952</b>					
5. SEX <b>Fem</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>		8. DATE OF BIRTH <b>1-9-1874</b>			9. AGE (in years last birthday) <b>78</b>		10. MONTHS <b>0</b>	11. DAYS <b>0</b>	12. HOURS <b>0</b>	13. MIN. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housekeeper</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>				11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</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					
15. WAS DECEASED EVER IN U.S. ARMED SERVICES? (Yes, no, or unknown) <b>NO</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Miss Clara Klein</b>			ADDRESS <b>7900 Cornell Ave.</b>		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION							INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Congestion</b>							<b>24hrs</b>	
		ANTECEDENT CAUSES							<b>24-48Hrs.</b>	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Congestive Heart Failure</b> <b>Arteriosclerosis, generalized</b> DUE TO (c) <b>Hypertensive CV Disease</b>							<b>several years</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>None</b>							20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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) <b>None</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I, hereby certify that I attended the deceased from 12/1, 1952, to 12/16, 1952, that I last saw the deceased alive on 12/16, 1952, and that death occurred at 12:15 Am., from the causes and on the date stated above.

23a. SIGNATURE <b>Robert G. Hughes</b> <b>ROBERT G. HUGHES, M. D.</b>		23b. ADDRESS <b>Olive and Old Ballas Rds.</b> <b>Creve Coeur, Mo.</b>		23c. DATE SIGNED <b>12/17/52</b>	
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/19/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Oak Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County Mo</b>	
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DATE REC'D BY LOCAL REG. <b>12-18-52</b>		REGISTRAR'S SIGNATURE <b>Huck R. D... M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Drehmann-Harral</b>		ADDRESS <b>1905 Union Blvd</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Robt. Hughes  
Med 2-5  
Olive St. & Old Ballias Rds

**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 Warren A. Carter

Licensed Embalmer No. 2534

P. O. Address \_\_\_\_\_

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.