

8342

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED FEB 25 1953

 BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 438

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Affton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> <u>2179</u>	
c. LENGTH OF STAY (In this place) <u>2 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>17 2166 Lawrence Ave.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>8513 Pilot Ave.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>ARMINTA</u> b. (Middle) <u>E.</u> c. (Last) <u>McKINNEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 4 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	
8. DATE OF BIRTH <u>Jan. 29, 1865</u>		9. AGE (In years last birthday) <u>88</u>		10. IF UNDER 1 YEAR: Month _____ Day _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Calloway Co. Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>George Stucker</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred McCall</u>		14. NAME OF HUSBAND OR WIFE <u>Late James R. McKinney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>George McKinney 8513 Pilot Ave.</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		DUE TO (b) <u>coronary disease</u>				<u>15 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>General senility</u>				<u>15 yrs</u>	
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 <u>4201</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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 Jan 28, 1953, to Feb 4, 1953, that I last saw the deceased alive on Feb. 4, 1953, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Walter H. Stuber M.D.</u> (Degree or title)		23b. ADDRESS <u>8278 Travis Parkway</u>		23c. DATE SIGNED <u>2/5/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (Mtn)</u>		24b. DATE <u>2-6-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mokane, Mo.</u>	
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl</u>			
DATE REC'D BY LOCAL REG. <u>2-5-53</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Donike</u>			

52 (Licensed Embalmer's) Statement on Reverse Side

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

No. 300
10-48

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 *Erwin A. M. Gerhardt*

Licensed Embalmer No. 3024

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.