

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11945

State File No.

2258

FILED MAR 18 1953

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

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

1. PLACE OF DEATH a. COUNTY <u>Missouri</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>St Louis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>	
c. LENGTH OF STAY <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>5351 Delmar</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Masonic Hospital</u>		e. STREET ADDRESS <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Katherine</u> b. (Middle) <u>May</u> c. (Last) <u>Mc.Gregor</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-26-53</u>
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>W</u>	8. DATE OF BIRTH <u>2-7-1879</u>
9. AGE (In years, last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>9</u>	IF UNDER 12 HRS. Hours <u> </u> Mins. <u> </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln, Nebraska</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Richard McElhiney</u>	
13b. MOTHER'S MAIDEN NAME <u>Rosa B. Cox</u>		14. NAME OF HUSBAND OR WIFE <u>Charles A. McGregor, deceased</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>James L. Baker</u>		18. Supt. ADDRESS <u>Masonic Home of Missouri, 5351 Delmar</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Arthritis Deformans</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR <u>7230</u>		22. I hereby certify that I attended the deceased from <u>10-16</u> , 19 <u>43</u> to <u>2-26-</u> , 19 <u>53</u> that I last saw the deceased alive on <u>2-26-53</u> , 19 <u> </u> , and that death occurred at <u>9.55A</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Robert Paul Kelly, M.D.</u>		23b. ADDRESS <u>508 N. Grand</u>	
23c. DATE SIGNED <u>2-26-53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>Feb. 28, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lakewood Park Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Alexander & Sons, Inc.</u>	
25. ADDRESS <u>6175 Delmar</u>		DATE REC'D BY LOCAL REG. <u>FEB 27 1953</u>	

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

Jose E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6770 Palma

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.