S. No. 300
v. 10.48

FILED AUG 20 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30212

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7389

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

1. PLACE OF DEATH
a. COUNTY

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
c. LENGTH OF STAY (in this place): 2 months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Baptist Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jefferson
c. CITY OR TOWN: Cedar Hill
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): Rural Route 0500 1

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle): Belle
c. (Last): McKee

4. DATE OF DEATH (Month) (Day) (Year): 7-28-53

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 1-7-1871 1
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (City and State or Foreign Country): Cleveland, Ohio 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Rick Newberry
13b. MOTHER'S MAIDEN NAME: Ester Willcox
14. NAME OF HUSBAND OR WIFE: C. W. 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: E. L. McKee, Cedar Hill, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture R Hip - Cardiac Disease — INTERVAL BETWEEN ONSET AND DEATH: 5-29-53

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Senilis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/2/53
19b. MAJOR FINDINGS OF OPERATION: Comminuted High Shaft Fracture R Femur Dual antenna [illegible]
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St Louis Co 050 Missouri

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 29 53 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell at home E9040

22. *I hereby certify that I attended the deceased from* 29 Apr, 1953 *to* July 28, 1953, *that I last saw the deceased alive on* 5/28, 1953, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.* 21

23a. SIGNATURE (Degree or title): A. H. Diehl [signature] M.D.
23b. ADDRESS: 845 Mo Fluctn Bldg
23c. DATE SIGNED: 7/29.

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 7-29-53
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Walnut Hill, Ill.

DATE REC'D BY LOCAL REG.: JUL 30 1953
REGISTRAR'S SIGNATURE: J. Earl Smith M.D. MJB
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Brimmer F.H., House Springs, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. Allen Davi

Licensed Embalmer No. 46

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fail to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.