

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34440

State File No.

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 2419

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clayton

c. LENGTH OF STAY (In this place) D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE

Missouri

b. COUNTY St. Louis

c. CITY OR TOWN Unincorporated Area

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Louis Co. Hospital

e. STREET ADDRESS (If rural, give location) 1933 Chambers Road 4000/1

3. NAME OF DECEASED (Type or Print)

a. (First)

JAMES

b. (Middle)

JOSEPH

c. (Last)

Mc KENNA

4. DATE OF DEATH

(Month) (Day) (Year)
9-12-53

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Sept. 12, 1869

9. AGE (In years last birthday)

84

IF UNDER 1 YEAR Months

IF UNDER 2 HRS. Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Coal Miner

10b. KIND OF BUSINESS OR INDUSTRY

Retired-MINING

11. BIRTHPLACE (City and State or Foreign Country)

Edinburgh, Scotland 4

12. CITIZEN OF WHAT COUNTRY?

USA

13a. FATHER'S NAME

John Mc Kenna

13b. MOTHER'S MAIDEN NAME

Mary Houston

14. NAME OF HUSBAND OR WIFE

Mary (Houston) Mc Kenna

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

331-16-5598

17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Mrs. Osceola Harris, 1933 Chambers Rd

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

unknown natural causes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

unk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

7955

20. AUTOPSY?

YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)

Herbert R. Tomke, M.D. Local Registrar

23b. ADDRESS

651 S. Brentwood Blvd.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

9-14-53

24c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

24d. LOCATION (City, town, or county)

St. Louis Co., Missouri

(State)

DATE REC'D BY LOCAL REG.

9/14/53

REGISTRAR'S SIGNATURE

Herbert R. Tomke, M.D.

25. FUNERAL DIRECTOR'S SIGNATURE

WHITE CHAPEL

ADDRESS

FERGUSON, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed *Eleana Poince*

Licensed Embalmer No. *340*

P. O. Address *Jennings*

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.