

No. 300
10. 48

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14350

BIRTH NO.		REG. DIST. NO. <u>317</u>	PRIMARY REG. DIST. NO. <u>541</u>	Registrar's No. <u>1002</u>
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clayton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>University City 1364</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis County</u>		d. STREET ADDRESS (If rural, give location) <u>8467 Kempland Ave.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u> b. (Middle) <u>R</u> c. (Last) <u>McKEE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>
8. DATE OF BIRTH <u>March 26, 1912</u>		9. AGE (In years last birthday) <u>42</u> <input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> YEAR <input type="checkbox"/> MONTHS <input type="checkbox"/> DAYS <input type="checkbox"/> HOURS <input type="checkbox"/> MINS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Letter Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Government</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Victoria, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>				
13a. FATHER'S NAME <u>Ernest McKee</u>		13b. MOTHER'S MAIDEN NAME <u>Ada Dora Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Louise McKee</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>493-07-7901</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise McKee</u> ADDRESS <u>8467 Kempland, U.C.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diffuse Subarchnoid Hemorrhage</u> ANTECEDENT CAUSES <u>TRAUMA</u> 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. <u>Hemorrhagic Pulmonary edema</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>8164</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Public Hy.</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>26</u> (COUNTY) <u>St. John</u> (STATE) <u>Mo.</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>April 25 1954 5A</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR <u>automobile he was operating collided with another automobile while he was attempting a left turn.</u>
22. I hereby certify that I attended the deceased from <u>4-25</u> , 1954, to <u>4-26</u> , 1954, that I last saw the deceased alive on <u>4-26</u> , 1954, and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Wm. G. Houliak M.D.</u> (Degree or title)		23b. ADDRESS <u>601 S. Brentwood Clayton 5, Mo.</u>		23c. DATE SIGNED <u>4-27-54</u>
24a. BURIAL, CREMATION, REMOVAL <u>Burial</u>		24b. DATE <u>April 30, 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Gardens</u>
		24d. LOCATION (City, town, or county) <u>Wellston, Mo.</u>		(State)
DATE REC'D BY LOCAL REG. <u>4/29/54</u>		REGISTRAR'S SIGNATURE <u>Richard R. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Baumann Bros.</u> ADDRESS <u>nc. 2504 Woodsor Rd.</u>

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

JUN 18 1954

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 David C. Gibson
3454 Licensed Embalmer No. 2504 Wood
P. O. Address Oakland 14. 97

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.