

FILED JUL 26 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24911**  
Registrar's No. **6310**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

|   |  |  |   |
|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE<br><b>Missouri</b><br>b. COUNTY   |   |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place)  | c. CITY OR TOWN<br><b>St. Louis</b>   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>2706A Lucas</b>   |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or Print)<br><b>Beatrice McKinley</b>  |  | e. STREET ADDRESS<br><b>21 2706A Lucas</b>   | 2219  |
| a. (First)  | b. (Middle)  | c. (Last)  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><b>July 8, 1954</b>                       |
| 5. SEX<br><b>F</b>  | 6. COLOR OR RACE<br><b>Negro</b>   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>Married</b>   | 8. DATE OF BIRTH<br><b>Sept. 23, 1898</b>   |
| 9. AGE (In years last birthday)<br><b>55</b>  | IF UNDER 1 YEAR<br>Months <b>9</b>   | IF UNDER 4 HRS.<br>Hours <b>9</b> Min.   | 11. BIRTHPLACE (City and State or Foreign Country)<br><b>Centerville, Mississippi</b> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY  | 12. CITIZEN OF WHAT COUNTRY?  |
| 13a. FATHER'S NAME<br><b>Jim Huff</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Mamie Washington</b>   | 14. NAME OF HUSBAND OR WIFE<br><b>Faith McKinley</b>                                  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)<br><b>no</b>   | 16. SOCIAL SECURITY NO.<br><b>none</b>   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Faith McKinley, 22706a Lucas</b>   |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                        |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Uremia</b><br><br>ANTECEDENT CAUSES<br><b>Glomerulonephritis</b><br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b)<br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   | 20. AUTOPSY?<br>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)  | 21f. HOW DID INJURY OCCUR?<br><b>592x</b>   |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> |  |   |
| 22. I hereby certify that I attended the deceased from <b>7-11, 1954</b> , to <b>7-8, 1954</b> , that I last saw the deceased alive on <b>7-8, 1954</b> , and that death occurred at <b>3:55 p.m.</b> , from the causes and on the date stated above. |  |  |   |
| 23a. SIGNATURE (Degree or title)<br><b>J. C. Sheppard, M.D.</b>   |  | 23b. ADDRESS<br><b>2702a 7th N. W. St. Louis, Mo.</b>  | 23c. DATE SIGNED<br><b>7-9-54</b>   |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 24b. DATE<br><b>July 14, 1954</b>  | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Washington Park</b>   | 24d. LOCATION (City, town, or county) (State)<br><b>St. Louis, Mo.</b>                |
| DATE REC'D BY LOCAL REG.<br><b>JUL 13 1954</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith</b>  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS<br><b>W. B. Rouse 1221 N. Grand</b>          |

WRITE PLAINLY—USING UNFAADING 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.....  
*Melvin Blackburn*

Licensed Embalmer No. 396

P. O. Address 1221 N. 6

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.**