

FILED JUL 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25555

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 341 Registrar's No. 1572

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clayton		c. CITY OR TOWN Kinloch <u>409</u>	
c. LENGTH OF STAY (In this place) DOA		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Louis Co., Hosp		e. STREET ADDRESS (If rural, give location) 439 LexHogue	

3. NAME OF DECEASED (Type or Print) a. (First) H A N N A H b. (Middle) E L E c. (Last) E A M E C E K E N Z I E			4. DATE OF DEATH (Month) (Day) (Year) July 3, 1954		
5. SEX Female		6. COLOR OR RACE Col		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 2 Apr 1896		9. AGE (In years last birthday) 58		10. IF UNDER 1 YEAR Months _____ Days _____	
11. IF UNDER 1 HR. Hours _____ Min. _____		11. BIRTHPLACE (City and State or Foreign Country) Louisiana, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own Home			

13a. FATHER'S NAME James Anderson		13b. MOTHER'S MAIDEN NAME Annie Unknown		14. NAME OF HUSBAND OR WIFE George Mc Kenzie	
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. 489 16 8645		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Geo Mc Kenzie, Kinloch, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 6 mos.
	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.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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) 443X	
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"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 7-30, 1954 to 6-22, 1957 that I last saw the deceased alive on 6-22, 1954 and that death occurred at 2 1/2 mi. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Edward B. Williams, M.D.		23b. ADDRESS 424 1/2 Easton, Kansas		23c. DATE SIGNED 7-3-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7 July 54		24c. NAME OF CEMETERY OR CREMATORY Washington Park	
		24d. LOCATION (City, town, or county) (State) Berkeley, Mo.			

DATE REC'D BY LOCAL OFF. 7/4/54		REGISTRAR'S SIGNATURE Robert S. Tompkins		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Boyd Bros, Kinloch, Mo.	
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(Licensed Embalmer's Signature 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 *Edward A. Johnson*

Licensed Embalmer No. *444*

P. O. Address *St Louis 13,*

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.