

FILED MAR 18 1955
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Reg. 5996 SL-4354

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9905**
1975
Registrar's No. **1975**

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY CRAWFORD	
b. CITY (If outside corporate limits, write RURAL and give township) 915 N. Grand, St. Louis, Mo.		c. LENGTH OF STAY (in this place) 45 days	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 Veterans Administration Hosp.		STREET ADDRESS (If rural, give location) 02801	
3. NAME OF DECEASED (Type or Print) a. (First) Merritt b. (Middle) J. c. (Last) MC KENNA		4. DATE OF DEATH (Month) (Day) (Year) 3-1-55	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 10-21-1900
9. AGE (In years last birthday) 54		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) Police Officer (retired) Police Dept.		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Joseph McKenna	
13b. MOTHER'S MAIDEN NAME Catherine Hasty		14. NAME OF HUSBAND OR WIFE Lillian McKenna	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW-I		16. SOCIAL SECURITY NO. VA Hosp Records, 915 N. Grand, St. Louis, Mo.	
17. INFORMANT'S SIGNATURE OR NAME VA Hosp Records, 915 N. Grand, St. Louis, Mo.		ADDRESS	
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) Bronchial carcinoma with brain metastasis INTERVAL BETWEEN ONSET AND DEATH 4 Months	
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. Bronchial pneumonia lower lobes Unknown	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)			
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? 162X			
22. I hereby certify that I attended the deceased from 1-17-55 , 19___, to 3-1-55 , 19___, and that death occurred at 2:15 pm. , from the causes and on the date stated above.			
23a. SIGNATURE K. Ocasio Cabanas		23b. ADDRESS M.D. VAH, 915 N. Grand St. Louis, Mo.	
23c. DATE SIGNED 3-1-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE Mar. 4, 1955	
24c. NAME OF CEMETERY OR CREMATORY National Cemetery		24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.	
DATE REC'D BY LOCAL REG. MAR 2 1955		25. FUNERAL DIRECTOR'S SIGNATURE Kriegshauser ADDRESS 4228 S. Kingshighway Bl.	

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 *Dale A. Hammann*

Licensed Embalmer No. 45

P. O. Address *Louis*

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.