

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27942

FILED SEP 6 1955

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State File No.

Registrar's No. 7267

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		State File No.		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis,</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis State Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>5400 Arsenal Street 21390</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cecilia</u> b. (Middle) <u>E.</u> c. (Last) <u>McKee</u>			4. DATE OF DEATH (Month) <u>8-</u> (Day) <u>19</u> (Year) <u>55</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>1-21-25</u>		
9. AGE (In years last birthday) <u>30</u>		10. MONTHS <u>0</u>		11. DAYS <u>0</u>		12. HOURS <u>0</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Comptometerist</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Southwestern Bell Tele.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>Elbert McKee</u>		13b. MOTHER'S MAIDEN NAME <u>Mary M. Betschart</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Magdalen Roseman, 3915 Delor St.,</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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Post convulsive cardiac arrest</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 min.</u>	
		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. <u>Schizophrenic reaction, hebephrenic type, modified by lobotomy</u>					<u>8 yrs.</u>	
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) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>3' 0' 0" 1'</u>				
22. I hereby certify that I attended the deceased from <u>7-1</u> ¹⁹ <u>52</u> , to <u>8-19</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>8-19</u> , 19 <u>55</u> , and that death occurred at <u>10:35a</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Magdalen Roseman</u> (Degree or title) _____				23b. ADDRESS <u>5400 Arsenal Street</u>		23c. DATE SIGNED <u>8-19-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/22/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>SS. Peter & Paul Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>AUG 20 1955</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith - MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gebken-Benz Mortuary, 2842 Meramec St., St. Louis, 18, Mo.</u>				

(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 MA, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Loren E. Percy.....

Licensed Embalmer No. 4094
2842 Meramec
P. O. Address... St. Louis, Mo.

*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.