

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42915

State File No. ....

FILED JAN 12 1956

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 3084

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u>	
b. CITY OR TOWN <u>Kirkwood</u>	c. LENGTH OF STAY (in this place) <u>5 Yrs.</u>	c. CITY OR TOWN <u>Kirkwood 4003</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>1124 Missouri Ave.</u>		e. STREET ADDRESS (If rural, give location) <u>1124 Missouri Ave.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>J.</u>	c. (Last) <u>MacKEEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 30 1955</u>
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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 17, 1889</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman-Anchor Fence Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Fence Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Port Huron, Michigan</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Henry MacKeen</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Rabadue</u>	14. NAME OF HUSBAND OR WIFE <u>Irene J. MacKeen</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>Yes-Not During War</u>	16. SOCIAL SECURITY NO. <u>494-09-4560</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Richard C. MacKeen</u>	ADDRESS <u>1001 W. Glen Dr.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes</u>		<u>2 yrs</u>
	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 <u>260x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Jan 14, 1944, to Dec 30, 1955 that I last saw the deceased alive on Dec 28, 1955, and that death occurred at 9:30 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Arthur W Westrup M.D.</u>	23b. ADDRESS <u>204 E. Big Bend</u>	23c. DATE SIGNED <u>12-30-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Jan. 3, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hiram Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-31-55</u>	REGISTRAR'S SIGNATURE <u>Hubert B. Rombard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Kriegshauser</u>	ADDRESS <u>4228 S. Kingshighway Bl.</u>
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

0.300  
0.48

**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 *Edwin A. M. Permat*.....

Licensed Embalmer No. *3024*

P. O. Address .....

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.