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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAR 26 1956

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

State File No. **11098**
2596

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		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 St. Louis,			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis, Missouri.		c. LENGTH OF STAY (In this place) 426X		c. CITY OR TOWN Overland,		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. Lukes Hospital.				e. STREET ADDRESS (If rural, give location) #2244 Woodson Road.			
3. NAME OF DECEASED (Type or Print) JOHN		a. (First)		b. (Middle) ALBERT		c. (Last) McKINNEY.	
4. DATE OF DEATH March 11, 1956		5. SEX Male.		6. COLOR OR RACE White.		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married.	
8. DATE OF BIRTH July 29, 1894.		9. AGE (In years last birthday) 61.		10. MONTHS 0		11. IF UNDER 1 YEAR 0	
12. IF UNDER 24 HRS. 0		13. IF UNDER 1 MIN. 0		14. IF UNDER 1 MIN. 0		15. IF UNDER 1 MIN. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired.. Packer Western Auto Co.,		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME J. Weston McKinney.		13b. MOTHER'S MAIDEN NAME Emma Woerheide.		14. NAME OF HUSBAND OR WIFE Berenice Brandon McKinney.			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no.		16. SOCIAL SECURITY NO. 492-10-3307		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs J. A. McKinney, 2244 Woodson Road.			
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) Cerebral Thrombosis Diabetes Mellitus Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 331X				INTERVAL BETWEEN ONSET AND DEATH 1 wk 6 yrs	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		260X	
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?			
22. I hereby certify that I attended the deceased from 11-1-1955 , to 3-11-1956 , that I last saw the deceased alive on 3-11-1956 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE H.W. Noller		(Degree or title)		23b. ADDRESS 2438 Woodson		23c. DATE SIGNED 3/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal..		24b. DATE 3/14/56..		24c. NAME OF CEMETERY OR CREMATORY Mt. Lebanon Cemetery.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.,	
DATE REC'D BY LOCAL REG. MAR 13 1956		REGISTRAR'S SIGNATURE J. Carl Smith MO		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C.R. Lupton & Sons, #7233 Delmar Blv'd.,			

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 *Arnold W. Schoen*.....

Licensed Embalmer No. *386*

P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If
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.