

FILED JUN 7 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18262

 BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5029

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 town or township) <u>St. Louis, Mo</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>St. Louis, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Alexian Bros Hospt</u>		e. STREET ADDRESS (If rural, give location) <u>3616 Aldine Ave</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u>		b. (Middle) <u>David</u>		c. (Last) <u>McKenzie</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 23, 1956</u>		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>July 1, 1878</u>		9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>City of St. Louis</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Daniel McKenzie</u>		13b. MOTHER'S MAIDEN NAME <u>Teresa Kennedy</u>	
14. NAME OF HUSBAND OR WIFE <u>Mary McKenzie</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-12-0416</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary McKenzie</u>		ADDRESS <u>3616 Aldine Ave</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u> b. <u>Cerebral arteriosclerosis</u> c. <u>Cerebral arteriosclerosis</u> DUE TO (b) <u>Cerebral arteriosclerosis</u> DUE TO (c) 11. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			
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)			
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 <u>5-15</u> , 19 <u>56</u> , to <u>5-23</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>56</u> , and that death occurred at <u>12 P. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>John J. Muly</u>		23b. ADDRESS <u>5203 Chicago</u>		23c. DATE SIGNED <u>5-25-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 26 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sullivan's</u> ADDRESS <u>2849 No Euclid Ave</u>			
DATE REC'D BY LOCAL REG. <u>MAY 25 1956</u>		REGISTRAR'S SIGNATURE <u>J. Carl Smith</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Home F127465

DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
SEX
AGE
RACE
RELIGION
MARRIAGE

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.....

Licensed Embalmer No. 30

P. O. Address St. 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.