

FILED OCT 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32766

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>190</u>		Registrar's No. <u>2103</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				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) <u>Rural Wellston</u>		c. LENGTH OF STAY (in this place) <u>5 mos. 15 days</u>		5 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. Vincent's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>6138 Kingsbury</u>					
3. NAME OF DECEASED (Type or Print) <u>William Elbert McKee</u>			a. (First)		b. (Middle)		c. (Last)		
4. DATE OF DEATH <u>Sept. 5, 1956</u>		(Month)		(Day)		(Year)			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 5, 1878</u>			
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>1</u> Days .....		IF UNDER 24 HRS. Hours .....		Min. ....			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cattle buyer (retired)</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>John Clay &amp; Co.</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Fairfax, Missouri</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>William McKee</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Graham</u>		14. NAME OF HUSBAND OR WIFE <u>Emma McKee Deceased</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>327-01-7717</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Higgins, daughter.</u>				ADDRESS <u>6138 Kingsbury, St. Louis, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>  ANTECEDENT CAUSES <u>Myocardial Damage</u> <u>Auricular Fibrillation</u> DUE TO (b) .....						INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u> <u>Years</u> <u>Years</u> <u>Years</u>	
DUE TO (c) <u>Generalized Arteriosclerosis</u>		II. 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  <u>4201</u>						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>3-21-</u> 19 <u>56</u> , to <u>9-5-</u> 19 <u>56</u> , that I last saw the deceased alive on <u>9-5-56</u> , 19 <u>   </u> , and that death occurred at <u>8:45 A.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank M. Grogan M.D.</u>			(Degree or title)			23b. ADDRESS <u>634 No Grand Ave</u>		23c. DATE SIGNED <u>9/15/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 7, 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Missouri</u>			
DATE REC'D BY LOCAL REG. <u>9-6-56</u>		REGISTRAR'S SIGNATURE <u>Heber K. Rombe</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur J. Donnelly</u>		ADDRESS <u>3840 Lindell Blvd.</u>		

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 *James Williamson*.....

Licensed Embalmer No. *356*.....

P. O. Address *3840 Lind*.....

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.