

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34566

State File No.

BIRTH NO. _____ REG. DIST. NO. 160 PRIMARY REG. DIST. NO. 559X Registrar's No. 105

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

| | | | |
|--|-----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>Jefferson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY OR TOWN <u>Rural Joachim</u> | c. LENGTH OF STAY (In this place) | c. CITY OR TOWN <u>Normandy</u> | 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 <u>Mt. View Nursing Home</u> | | e. STREET ADDRESS (If rural, give location) <u>3510 Colonial, Ave. 1</u> | |

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|-------------------------------------|-------------------------|---------------------------|-------------------------|---------------------------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Henry</u> | b. (Middle) <u>Arthur</u> | c. (Last) <u>Mc Kay</u> | 4. DATE OF DEATH (Month) (Day) (Year) |
| | | | | <u>Oct. 17 1956</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>3-13-1876</u> | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months | IF UNDER 1 YEAR Days | IF UNDER 24 Hrs. Hours | IF UNDER 1 Hrs. Mins. |
|--------------------|-------------------------------|---|-----------------------------------|---|------------------------|----------------------|------------------------|-----------------------|

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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>CARPENTER</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis - Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |
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| 13a. FATHER'S NAME <u>James P. McKay</u> | 13b. MOTHER'S MAIDEN NAME <u>Louise Belt</u> | 14. NAME OF HUSBAND OR WIFE <u>Daisy K.</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes Spanish American</u> | 16. SOCIAL SECURITY NO. _____ | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Daisy McKay</u> | ADDRESS <u>St. Louis - Mo.</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, asthenia, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>3 days</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>cardio vascular disease</u> | | |

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| 19a. DATE OF OPERATION _____ | 19b. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) |
|--|--|---|

| | | |
|---|--|----------------------------------|
| 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? _____ |
|---|--|----------------------------------|

22. I hereby certify that I attended the deceased from 9-3- 1956, to 10-17, 1956, that I last saw the deceased alive on 10-17- 1956 and that death occurred at 9:00 P.M., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>M. D. Donnell, M. D.</u> | (Degree or title) 23b. ADDRESS <u>112 Miss. Ave. Crystal City, Mo.</u> | 23c. DATE SIGNED <u>10-18-56</u> |
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|---|------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>Oct. 20, 56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</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>10-18-56</u> | REGISTRAR'S SIGNATURE <u>Jesse G. Reigon</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Calvin F. Fautey</u> | ADDRESS <u>4828 National Bn. St. Louis - Mo.</u> |
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JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

OCT 23 1956

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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 *Ralph C. Zindler*.....

Licensed Embalmer No... 4275

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.