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DISEASES IN PART I MUST BE CASUALLY RELATED. CORONER CANNOT CERTIFY TO A DEATH DUE TO NATURAL CAUSES.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED NOV 26 1956

STANDARD CERTIFICATE OF DEATH

39611

STATE FILE NUMBER

318

1003

9547

Registration District No. Primary Registration District 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, give TOWNSHIP only) St. Louis		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kirkwood <i>4673</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Deaconess Hospital		Length of stay in lb 2 weeks	d. STREET ADDRESS (If outside, give location) 531 Kirkshire		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) ROLAND E. MC KEE			4. DATE OF DEATH October 17, 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 29, 1898	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fleet Supervisor		10b. KIND OF BUSINESS OR INDUSTRY Pepsi Cola Co.	11. BIRTHPLACE (City and state or country) Decatur, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Lemuel McKee			14. MOTHER'S MAIDEN NAME Elizabeth Blair		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 493-07-1209	17. INFORMANT Address Mrs. Genevieve McKee, 531 Kirkshire		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE. (a) Coronary Occlusion Gen'l Arteriosclerotic Cardio Vas. Dis. Generalized Arteriosclerosis of Arteries Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)					INTERVAL BETWEEN ONSET AND DEATH at least 4 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Postoperative Resection of graft abdominal aortic aneurysm					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 4201			
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/2/56 to 10/17/56 and last saw him ^{her} alive on 10/17/56 Death occurred at 1:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE K. E. Coldwater (Degree or title) M.D.			22b. ADDRESS 631 No. Grand @ 34 North Grand Street 3rd fl		22c. DATE SIGNED 10/19/56
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE Oct 20, 1956	23c. NAME OF CEMETERY OR CREMATORY Oak Grove Mausoleum		23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
24. FUNERAL DIRECTOR Shepard Funeral Home, 1167 Hamilton Ave		ADDRESS		25. DATE RECD. BY LOCAL REG. OCT 19 1956	26. REGISTRAR'S SIGNATURE Charles Smith mo

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 *John J. Haines*.....
Licensed Embalmer No. *411*

P. O. Address *A. H. Haines*

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