

No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 20 1956

State File No. 44289

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 2899

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY OR TOWN University City	d. Is Residence within limits of a city (incorporated town)? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 4 wks		e. STREET ADDRESS (If rural, give location) 1134 81st Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) RAYMOND	b. (Middle) J	c. (Last) McKENNA	4. DATE OF DEATH (Month) (Day) (Year) 12-7-56
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5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 19 April 1899	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 14 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CRANE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY Steel Industry	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JOHN MCKENNA	13b. MOTHER'S MAIDEN NAME LOUISE MEYER	14. NAME OF HUSBAND OR WIFE ROSE RITTER MCKENNA
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. 335-10-6082	17. INFORMANT'S SIGNATURE OR NAME Rose McKenna	ADDRESS 1134 81st Street
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ascending venous thrombosis		INTERVAL BETWEEN ONSET AND DEATH Oct 24-56
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Laceration Left Leg		Oct 19-56
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Infarct pneumonia			Nov 6-56

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION 9363	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) factory	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis MO MO
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Oct. 19 '56	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? Bumped left leg on parking lot wall
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22. I hereby certify that I attended the deceased from **Nov. 12, 1956**, to **Dec 7, 1956**, that I last saw the deceased alive on **12-7-56**, and that death occurred at **1:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE A. J. Steiner	(Degree or title) MD	23b. ADDRESS 3903 Olive Str.	23c. DATE SIGNED 12/7/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE 12-10-56	24c. NAME OF CEMETERY OR CREMATORY CALVARY CEMETERY	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 12-8-56	REGISTRAR'S SIGNATURE Herbert A. Downey	25. FUNERAL DIRECTOR'S SIGNATURE ORTMANN F. HOME	ADDRESS 9222 LACKLAND
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1967 2 JWM

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 *Al C Ostmann*.....

Licensed Embalmer No. 3478

P. O. Address

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.