

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44857**
11509

FILED JAN 29 1957

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

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

1. PLACE OF DEATH a. COUNTY _____ b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis c. LENGTH OF STAY (in this place) 5 Days d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis c. CITY OR TOWN Webster Groves 4607 0 d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) 412 Bellevue	
3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL b. (Middle) JOHN c. (Last) McKINLEY		4. DATE OF DEATH (Month) (Day) (Year) 12-13-1956	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-27-1874
9. AGE (In years last birthday) 83		10. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Advertiser (Ret.)	11. BIRTHPLACE (City and State or Foreign Country) St. Louis
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Advertiser (Ret.)		10b. KIND OF BUSINESS OR INDUSTRY Outdoor Adv. Co	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Samuel J McKinley		13b. MOTHER'S MAIDEN NAME Sarah E Newberry	
14. NAME OF HUSBAND OR WIFE Elizabeth McKinley			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. P.K. Wehmiller 11 Huntleigh Downs
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION ---		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		420.1	
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) _____ None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from <u>1930</u> , 19____, to <u>Dec. 13, 1956</u> , that I last saw the deceased alive on <u>Dec. 13, 1956</u> , and that death occurred at <u>10:45 PM</u> from the causes and on the date stated above.			
23a. SIGNATURE <i>J. P. Aldrich, M.D.</i>		23b. ADDRESS 19 E. Lockwood Ave., Webster Groves 19, Mo.	23c. DATE SIGNED 12-14-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-15-1956	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery	24d. LOCATION (City, town, or county) (State) Kirkwood Mo.
DATE REC'D BY LOCAL REG. DEC 15 1956	REGISTRAR'S SIGNATURE <i>J. Earl Smith, M.D.</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Parker Aldrich - Webster Groves Mo.</i>	

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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 *Herbert J. Gau Jr.*.....

Licensed Embalmer No. *4800*.....

P. O. Address *Hickwood 227*.....

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.