

FILED JUL 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26341

State File No.

318

1003

Registrar's No. 6457

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis
c. LENGTH OF STAY (in this place) 1 week
c. CITY OR TOWN St. Louis
d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital
e. STREET ADDRESS (If rural, give location) 129 05520 Pershing Avenue

3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH b. (Middle) COULTER c. (Last) McKEAN
4. DATE OF DEATH (Month) (Day) (Year) July 10, 1957

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Sept. 16, 1868 9. AGE (In years last birthday) 88 88
IF UNDER 1 YEAR Months Days IF UNDER 18 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager-Avovelles
10b. KIND OF BUSINESS OR INDUSTRY Wholesale Grocers
11. BIRTHPLACE (City and State or Foreign Country) Ultima Thule, Ark.
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Col. John Gilbert McKean
13b. MOTHER'S MAIDEN NAME Mary Elizabeth Coulter
14. NAME OF HUSBAND OR WIFE Willie Imogene McKean

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 438-18-9600
17. INFORMANT'S SIGNATURE OR NAME Mrs. Willie McKean
ADDRESS 5520 Pershing Ave.

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.
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypernephroma of kidney
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) 180X
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS arteriosclerosis ht. disease
Conditions contributing to the death but not related to the disease or condition causing death. cardiac insufficiency
INTERVAL BETWEEN ONSET AND DEATH unknown
3 mo

19a. DATE OF OPERATION _____
19b. MAJOR FINDINGS OF OPERATION _____
20. AUTOPSY? YES NO

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from April 12th, 1957, to July 10th, 1957, that I last saw the deceased alive on July 10, 1957, and that death occurred at 5:20 P. m., from the causes and on the date stated above.

23a. SIGNATURE Hugh R. Waters, M.D.
(Degree or title) 23b. ADDRESS 600 Union Blvd.
23c. DATE SIGNED 7/11/57

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE July 13, 1957
24c. NAME OF CEMETERY OR CREMATORY Laurel Hills
24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

DATE REC'D BY LOCAL REG. 11 157
REGISTRAR'S SIGNATURE [Signature]
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. R. Lupton & Sons 7233 Delmar Blvd

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

1:00 P.M. To 5:00 P.M.

33 23

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 *Clarence H. Mur*

Licensed Embalmer No. *401*

P. O. Address *St. Louis*

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.