

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

FILED DEC 13 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

42304

STATE FILE NUMBER

1003

11339

Registration District No. **318** Primary Registration District No. \_\_\_\_\_ Registrar's \_\_\_\_\_

1. PLACE OF DEATH <i>Missouri-Pacific Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <i>St. Louis Missouri</i>		a. STATE <i>Illinois</i> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St Louis Missouri</i>		c. CITY OR TOWN <i>East St Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Missouri-Pacific Hospital</i>		d. STREET ADDRESS <i>2332 Carol Street</i>	
3. NAME OF DECEASED (Type or print) <i>John</i> <i>McKindley</i>		4. DATE OF DEATH <i>November 24 1957</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 1-1885</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Power Engineer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Railroad</i>	9. AGE (In years last birthday) <i>72 yrs</i>
13. FATHER'S NAME <i>Hugh McKindley</i>		14. MOTHER'S MAIDEN NAME <i>Cordelia Engen</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		17. INFORMANT <i>Mrs Florence McKindley</i>	
16. SOCIAL SECURITY NO. <i>708-09-2896</i>		12. CITIZEN OF WHAT COUNTRY? <i>U S A</i>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Acute myocardial infarction</i> DUE TO (b) <i>Myocardial infarction</i> DUE TO (c) <i>senility</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <i>450.1</i>			INTERVAL BETWEEN ONSET AND DEATH _____
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY _____		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <i>November 20 1957</i> to <i>Nov. 24 1957</i> and last saw her alive on <i>Nov 24 1957</i> . Death occurred at <i>2:45 PM Nov 24 1957</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Dr. Boyd</i>		22b. ADDRESS <i>1125 Pauline</i>	
22c. DATE SIGNED <i>11-25</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) _____	
23b. DATE <i>Nov 27 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Valhalla Funeral Pk</i>	
23d. LOCATION (City, town, or county) <i>Jellenville Ill</i>		(State) _____	
24. FUNERAL DIRECTOR <i>W. J. Harris Jr</i>		25. DATE RECD. BY LOCAL REG. <i>NOV 26 57</i>	
ADDRESS <i>East St Louis</i>		26. REGISTRAR'S SIGNATURE <i>J. Carl Smith</i>	

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 *V. K. Boyd* .....  
Licensed Embalmer No. ....

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.