

FILED JAN 17 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3274
STATE FILE NUMBER 292

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St Louis
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. LOUIS CITY HOSP. #1.		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 2390 1505 So 3rd St
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Middle Last RANDOLPH MC KINNON			4. DATE OF DEATH Month Day Year JAN. 7, 1958		
5. SEX male	6. COLOR OR RACE Negro	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Mar 24, 1890		9. AGE (In years last birthday) 67
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) South Carolina		12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Winnie Hinderson		14. NAME OF HUSBAND OR WIFE Estella Mc Kinnon	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 498-05-4742	17. INFORMANT Florence Holt-11 Pontiac apt. B3		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) post or bronchectasis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 526x		
DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pt upper and middle large lobectomy, 2 post op emphysema		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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 Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 10/31/57 to 1/7/58 and last saw her alive on 1/7/58 Death occurred at 2:00 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE (Degree or title) Rheya A. Williams, M.D.		22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 1/7/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-13-58	23c. NAME OF CEMETERY OR CREMATORY Father Wilson		23d. LOCATION (City, town, or county) (State) Kirkwood Mo	

24. FUNERAL DIRECTOR ADDRESS A.H. Burks 3506 Franklin		25. DATE RECD. BY LOCAL REG. JAN 10 58	26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 *Leroy A. Bannister*

Licensed Embalmer No. *4523*
P. O. Address *2616 N. Lenoir*

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. *E.V.*
If this body is not embalmed, fact should be so stated above.