

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046003

STATE FILE NUMBER

318

1003

12265

FILED JAN 5 1959

Registration District No.

Primary Registration District No.

Registrar

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, give TOWNSHIP only) OR TOWN St. Louis				Inside Limits Yes ☐ No ☐		c. CITY OR TOWN St. Louis	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Homer G. Phillips				Length of stay in lb		d. STREET ADDRESS (If outside, give location) 3419 Franklin	
3. NAME OF DECEASED (Type or print) First Jesse Middle McKinney Last				4. DATE OF DEATH Month 12 Day 15 Year 58			
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ Single ☐ DIVORCED ☐	8. DATE OF BIRTH Unknown	9. AGE (In years last birthday) Abt. 72		IF UNDER 1 YEAR Months 7 Days 15 Hours 58 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown			
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.		17. INFORMANT Katie Reed-3958 Cook Address			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Arteriosclerotic changes DUE TO (c) 446X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Diabetes mellitus Arteriosclerotic heart dis						INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)					
20c. TIME OF INJURY Hour 11-30-58 Month 12 Day 15 Year 58 a.m. A p.m.		20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK					
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 11-30-58 to 12-15-58 and last saw him alive on 12-15-58 Death occurred at 12:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) A. G. Drane , M.D.			
22b. ADDRESS 2601 Whittier Street		22c. DATE SIGNED 12-16-58		23a. BURIAL, CREMATION, REMOVAL (If cremated, give date) Removed			
23b. DATE 12-19-58		23c. NAME OF CEMETERY OR CREMATORY Washington Park		23d. LOCATION (City, town, or county) Berkeley, Mo.		(State)	
24. FUNERAL DIRECTOR A.L. Beal Und.-4303 Delmar		25. DATE RECD. BY LOCAL REG. DEC 19 58		26. REGISTRAR'S SIGNATURE J. Earl Smith, M.D.			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

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 A. D. Richardson

Licensed Embalmer No. 2928

P. O. Address 3625 11th

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.