Health, Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

59-003239
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 43

FILED JAN 26 1959

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BARNES HOSPITAL — Length of stay in Ib 7 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Illinois b. COUNTY
c. CITY OR TOWN Alton — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 11 a East Broadway — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First MARIE Middle LOUISE Last McKENNA

4. DATE OF DEATH Month JANUARY Day 2 Year 1959

5. SEX F.
6. COLOR OR RACE W.
7. MARRIED [ ] NEVER MARRIED [X] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH Oct. 5, 1896
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary
10b. KIND OF BUSINESS OR INDUSTRY Ill. Emp. Bureau
11. BIRTHPLACE (City and state or country) Canton, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME William Collins McKenna
13b. MOTHER'S MAIDEN NAME Dora Oldfield
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. 318-12-3894
17. INFORMANT Anthony W. Daly, Atty. Address 200 W. 3rd St. Alton, Ill.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) CHRONIC LYMPHOCYTIC LEUKEMIA — INTERVAL BETWEEN ONSET AND DEATH 22 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 204.0
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE 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 NOV. 21, 1958, to JAN. 2, 1959 and last saw her/him alive on JAN. 2, 1959
Death occurred at 12:12 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. C. Vermillion, M.D. (Degree or title) M. D.
22b. ADDRESS BARNES HOSPITAL
22c. DATE SIGNED 1/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE Jan. 5, 1959
23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery
23d. LOCATION (City, town, or county) St. Louis Co. (State) Missouri

24. FUNERAL DIRECTOR Alexander & Sons ADDRESS 6175 Delmar Blvd
25. DATE RECD. BY LOCAL REG. JAN 3 59
26. REGISTRAR'S SIGNATURE J. Earl Smith MD (H.T.)

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

## 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 Jos. E McCulloh

Licensed Embalmer No. 2462

P. O. Address 6175 Ellm

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.