

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-019415

STATE FILE NUMBER

2 4641

FILED MAY 26 1959

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Louis</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Louis</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Homer G. Phillips</b>		Length of stay in 1b <b>19Yrs</b>	d. STREET ADDRESS (If outside, give location) <b>4545 St. Ferdinand</b> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Isem</b> Middle Last <b>McKeown</b>			4. DATE OF DEATH Month <b>5</b> Day <b>10</b> Year <b>59</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>2 / 22 / 1912</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>BOILER WASHER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>WABASH R.R? CO</b>	9. AGE (In years last birthday) <b>47</b> IF UNDER 1 YEAR: Months <b>2</b> Days <b>18</b> IF UNDER 24 HRS.: Hours Min.
11. BIRTHPLACE (City and state or country) <b>MACON MISSISSIPPI</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>THOMAS McKEWON</b>		13b. MOTHER'S MAIDEN NAME <b>MARY ELIZA PATTON</b>	14. NAME OF HUSBAND OR WIFE <b>LILLIE MAE McKEWON</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO NONE</b>		16. SOCIAL SECURITY NO. <b>498-22-2753</b>	17. INFORMANT Address <b>Mrs. Lillie McKeown 4545 ST FERDINAN</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>UREMIA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>MALNUTRITION HYPERTENSION</b> DUE TO (c) <b>445X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>undet.</b>
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 WORK <input type="checkbox"/> 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 <b>4-22-59</b> to <b>5-10-59</b> and last saw <sup>her</sup> him alive on <b>5-10-59</b> Death occurred at <b>9:45 A</b> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Paul L. Lamm</b> , M.D.	
22b. ADDRESS <b>2601 Whittier Street</b>		22c. DATE SIGNED <b>5-11-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	23b. DATE <b>5/14/59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>GREENWOOD CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>ST. LOUIS. MISSOURI</b>
24. FUNERAL DIRECTOR <b>John Houston</b>		25. DATE RECD. BY LOCAL REG. <b>MAY 12 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

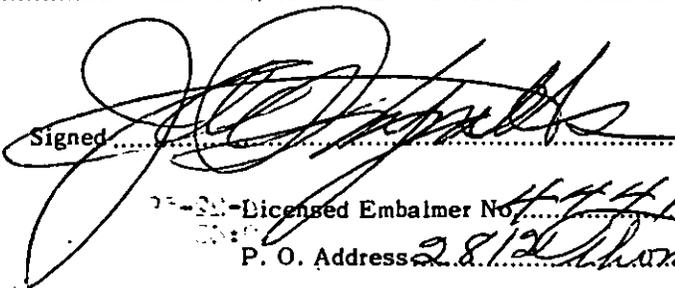
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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  .....  
Licensed Embalmer No. 4744  
P. O. Address 2812 [unclear]

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.