

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-023163

STATE FILE NUMBER

2 6062

FILED JUL 7 1959 Registration District No. Primary Registration District No. Registrar No.

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1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>St. Louis</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis City Hosp. #1</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>3133 Delmarle St.</u>
Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First <u>Ella</u> Middle Last <u>McKinney</u>			4. DATE OF DEATH Month <u>6-23</u> Day Year <u>59</u>		
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5. SEX <u>Female</u> 3	6. COLOR OR RACE <u>Colored</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 11 1927</u> 31	9. AGE (In years, least birthday) <u>31</u>	F UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Rodger Gladney</u>	13b. MOTHER'S MAIDEN NAME <u>Carrie Bottuson</u>	14. NAME OF HUSBAND OR WIFE <u>Eddie Leroy McKinney</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, not known) (If yes, give war or dates of service) <u>No.</u>	16. SOCIAL SECURITY NO. <u>499-34-83-7</u>	17. INFORMANT Address <u>Eddie Leroy McKinney 3133 Delmar</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <u>Congested Heart Failure (etiology unknown)</u>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) _____ DUE TO (c) <u>434.1</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Multiple sclerosis (suspected)</u>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	
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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
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21. I attended the deceased from <u>6-22-59 7:05A</u> to <u>6-23-59</u> and last saw her <u>him</u> alive on <u>6-23-59</u> Death occurred at <u>8:27 p.</u> 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) <u>Martin H Meyer M.D.</u>	22b. ADDRESS <u>1515 Lafayette Ave.</u>	22c. DATE SIGNED <u>6-23-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>6-29-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery Jefferson Barracks Mo.</u>	23d. LOCATION (City, town, or county) (State)
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24. FUNERAL DIRECTOR ADDRESS <u>Mrs. S. J. Watson 2769 Chouteau</u>	25. DATE RECD. BY LOCAL REG. <u>JUN 26 '59</u>	26. REGISTRAR'S SIGNATURE <u>Earl Smith, M.D.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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 *Ether K. Harris*

Licensed Embalmer No. *4458*
P. O. Address *4181 Washin*

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.