URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED V$ AUG 8 1960

60-028984
STATE FILE NUMBER

ENDED

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 2287

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood — Length of stay in Ib 50 min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hospital — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Sappington, ~~Mx~~ — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 11944 Lombardy Lane — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ROY Middle DONALD Last MCKINNON

4. DATE OF DEATH Month July Day 30 Year 1960

5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH 2/3/1903
9. AGE (last birthday) 57 yrs.
IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard
10b. KIND OF BUSINESS OR INDUSTRY Security Service
11. BIRTHPLACE (City and state or country) Jefferson County, Mo.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Albert A. McKinnon
13b. MOTHER'S MAIDEN NAME Rose A. Kennedy
14. NAME OF HUSBAND OR WIFE Mrs. Grace B. McKinnon

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. 489-09-6201
17. INFORMANT Address Mrs. Faith Geiger, 11944 Lombardy Lane

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) Acute Myocardial Infarction
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Coronary Thrombosis
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ 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 July 28, 1960, to July 30, 1960 and last saw ~~him~~ him alive on July 28, 1960
Death occurred at 9:20 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Charles E. Hoganamp, M.D. (Degree or title)
22b. ADDRESS 333 S. Kirkwood Rd, Kirkwood, Mo.
22c. DATE SIGNED July 30, 1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Aug. 2, 1960
23c. NAME OF CEMETERY OR CREMATORY St. Trinity Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri.

24. FUNERAL DIRECTOR ADDRESS Beiderwieden F.H.Inc., 1936 St. Louis,
25. DATE RECD. BY LOCAL REG. 7-30-60
26. REGISTRAR'S SIGNATURE John C. Dougherty M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____ Signed _____

Signature of Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.