

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012020

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 544 Registrar's No. 902

FILED APR 10 1961

1. PLACE OF DEATH a. COUNTY <u>St Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>JEFFERSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KIRKWOOD</u>		c. CITY OR TOWN <u>FORENA MO</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST JOSEPHS HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>RR #1 MERAMEC TOWNSHIP</u>	

3. NAME OF DECEASED (Type or print) First <u>JESSICA</u> Middle <u>AMELIA</u> Last <u>McKEEMAN</u>			4. DATE OF DEATH Month <u>4</u> Day <u>1</u> Year <u>1961</u>		
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5. SEX <u>F.</u>	6. COLOR OR RACE <u>WHITE</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>FEB 18 1899</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>	11. BIRTHPLACE (City and state or country) <u>KAKONA IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES J. WOREL</u>	13b. MOTHER'S MAIDEN NAME <u>PHILLIPINE HAAG</u>	14. NAME OF HUSBAND OR WIFE <u>WILBUR B. McKEEMAN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>	17. INFORMANT <u>Wilbur J McKeeman</u> Address <u>Emeka 940 P St</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>Gangrene both legs</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u> <u>years</u>
DUE TO (b) <u>arteriosclerosis</u>		
DUE TO (c) _____		

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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
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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.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____

20d. INJURY OCCURRED WHILE AT WORK <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 1-15-59 to 4-1-61 and last saw her alive on 4-1-61
Death occurred at 4:00 AM. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>Robert M. Tichenor MD</u>	22b. ADDRESS <u>P.O. Box 8568 St. Louis 16 Mo</u>	22c. DATE SIGNED <u>4-1-61</u>
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23a. BURIAL, CREMATION, OR OTHER DISPOSAL <u>INTERMENT</u>	23b. DATE <u>4-4-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>ST MARTINS CEM.</u>	23d. LOCATION (City, town, or county) (State) <u>HIGH RIDGE - MO</u>
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24. FUNERAL DIRECTOR <u>BRIMMER FUNERAL HOME</u> ADDRESS <u>HOUSE SPRINGS MO</u>	25. DATE RECD. BY LOCAL REG. <u>4-3-61</u>	26. REGISTRAR'S SIGNATURE <u>John B. Manly M.D.</u>
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(License of Embalmer's Statement on Reverse Side)

AMENDED
 DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 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 me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Robert J. Long Jr.

Licensed Embalmer No. 4800

P. O. Address Kirkwood Mo

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.