

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-040487

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318
FILED OCT 19 1962

Primary Registration District No.

1003

Registrar's No.

9909

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

1. PLACE OF DEATH

a. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only)

OR TOWN St. Louis

Length of stay in 1b

c. FULL NAME OF (if NOT in hospital, give location)

HOSPITAL OR INSTITUTION Deaconess Hospital

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Inside Limits

Yes ☐ No ☐

c. CITY

OR TOWN

St. Louis

d. STREET ADDRESS

(if outside, give location)

5953 Nagel Ave.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

CHRISTINE

Middle

W.

Last

McKINNEY

4. DATE OF DEATH

Month

Day

Year

Oct.

15

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-28-1903

9. AGE (last birthday)

59

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)

Housework

10b. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Leo Dietz

13b. MOTHER'S MAIDEN NAME

Charlotte Schaffern

14. NAME OF HUSBAND OR WIFE

George McKinney

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

No

16. SOCIAL SECURITY NO.

(If yes, give year or dates of service)

None

17. INFORMANT

494-01-3493

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY

IMMEDIATE CAUSE (a)

Cerebral artery thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cerebral atherosclerosis

3 mos.

DUE TO (c)

Rheumatic Heart Disease

6 yrs.

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

4/6 x

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

MEDICAL CERTIFICATION

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 9-15-62 to 10-15-62 and last saw her alive on 10-12-62

Death occurred at 3:00 A.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removed

23b. DATE

Oct. 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

Mt. Hope Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co. Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Kriegshauser 4228 S. Kingshighway

25. DATE RECD. BY LOCAL REG.

OCT 16 1962

26. REGISTRAR'S SIGNATURE

R. M. D.

USE BLACK INK

OR

TYPEWRITER RIBBON

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 RW Storrman

Licensed Embalmer No. 4007

P. O. Address St. Louis 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.