

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

19806

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City..... **St. Louis** (No. **4722**, **Labadie**)

File No.....
Registered No. **15534**
St..... Ward.....

2. FULL NAME

Frank X McKenna
(a) Residence, No..... St. **6** Ward.....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Margaret McKenna**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **May 17th 1870**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 0 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Lieut. of Police**
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **St. Louis**

10. NAME OF FATHER

John McKenna

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

12. MAIDEN NAME OF MOTHER

Catherine Kullen

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ireland**

14.

INFORMANT **Mrs. Margaret McKenna**
(Address) **4722 Labadie**

15.

FILED **15** 1927 **May 6** Staroboff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **6/14 1927**

17. I HEREBY CERTIFY, That I attended deceased from **June 14, 1927**, to **June 14, 1927**
that I last saw him alive on **June 14, 1927**, and that death occurred, on the date stated above, at **4:10 p.m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Aortic Sclerosis
Chronic Interstitial Nephritis
Hypertrophy & Dilatation Heart**
(duration) **X** yrs. mos. ds.

CONTRIBUTORY (SECONDARY) **Aortic Aneurysm**
(duration) **2** mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH... **no** DATE OF.....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **X**

(Signed) **[Signature]**, M. D.

6/14, 1927 (Address) **3833 Washington**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Cemetery DATE OF BURIAL **6-17 1927**

20. UNDERTAKER

Arthur J. Donnelly ADDRESS **2039 Huber**

Lucy Simpson

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Mr Guy Simpson
3833 Washington

Jeff 7207