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

Do not use this space.

14528

File No. .....

Registered No. 8687

1. PLACE OF DEATH
County St Louis Registration District No. 1170
Township ..... Primary Registration District No. 1548
City Richmond Heights (No. St Mary's Hospital St. ..... Ward)

2. FULL NAME Julia McKinzie
(a) Residence, No. 4507 Parkview Pl St., ... 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED— HUSBAND OF (OR) WIFE OF: Peter McKenzie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 21st 1857

7. AGE: Years 75 | Months 4 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

FATHER
13. NAME: Thomas Ryan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

MOTHER
15. MAIDEN NAME: Mary O'Hearn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ireland

17. INFORMANT: Mary McKinzie
(ADDRESS) 4507 Parkview Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Forest Cem DATE 4/28 1933

19. UNDERTAKER: Arthur J Donnelly Co
(ADDRESS) 3840 Lindell Blvd

20. FILED 4/26 1933 Robert J Ambrister
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 25 1933

22. I HEREBY CERTIFY, That I attended deceased from April 25 1933 to April 25 1933
I last saw h. alive on April 25 1933. Death is said to have occurred on the date stated above, at 8:20 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/24

Other contributory causes of importance: Arteriosclerosis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ..... 19..
Where did injury occur? St Louis County Hospital
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. .....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) H. Jaynes P. Hoth M. D.
(Address) 1004 Ann Theta Bldg

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.

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

MARGIN RESERVED FOR BINDING

J. P. Wade
Mo Thrasher Bed
Je 8620
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