

FILED FEB 26 1947 917
Registration District No. _____

Primary Registration District No. 1003

State File No. _____
Registrar's No. 386

1. PLACE OF DEATH: St. Louis, Mo.
(a) County _____
(b) City or town _____
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 mo. 25 days
In this community 42 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 117
(If outside city or town limits, write "RURAL")
(d) Street No. 7129 Idaho 9
(If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

3. (a) PRINT FULL NAME Fred W. McKinley

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 13
year 1941 hour 7:20 minute A. M.

3. (b) If veteran, name war. No
3. (c) Social Security No. 490-85-2279

21. I hereby certify that I attended the deceased from 1-1-39, 19, to 1-13-41, 19, that I last saw him alive on 1-13-41, 19, and that death occurred on the date and hour stated above.
Immediate cause of death: Paresis (2-20-39K)
Due to: Pyelitis 1-8-41
Due to: _____
Other conditions: _____
Major findings: _____
Of operations: _____
Of autopsy: Yes.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 8, 1898
(Month) (Day) (Year)

8. AGE: Years 42 Months - Days 5 If less than one day hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Painter
11. Industry or business House painter

MOTHER FATHER
12. Name John McKinley
13. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Anna Lang
15. Birthplace St. Louis, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant City Doctor
(b) Address 5400 Arsenal St

17. (a) Burial (b) Date thereof 1/15/41
(Month) (Day) (Year)
(c) Place: burial or cremation St. Anthony Lutheran Cemetery

18. (a) Signature of funeral director John J. Reigenthaler
(b) Address 7027 Grand Ave. N. 44

19. (a) JAN 14 1941 (b) J. F. Fredrick
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Paul T. Hartman (M. D. or other)
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
Address 5300 Arsenal Date signed 1-13-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed L. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Strawn

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 this body is not embalmed, fact should be so stated above.