

No. 2  
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17-39  
X23159

FILED APR 5 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12077 ✓

State File No. \_\_\_\_\_

Registration District No. 782

Primary Registration District No. 110

Registrar's No. 507

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town University City.

(c) Name of hospital or institution:  
#7233 Dorset Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County St. Louis, 96

(c) City or town University City, 3  
(If outside city or town limits, write "RURAL")

(d) Street No. #7233 Dorset Avenue. 5  
(If rural, give location) 0

(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ROBERT JOHN MCKAY.

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Male. 5. Color or race White.

6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife Anna Parron McKay.

6. (c) Age of husband or wife if alive 82. years

7. Birth date of deceased October 11, 1856.  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>84.</u>	<u>4.</u>	<u>22.</u>	hr. _____ min.

9. Birthplace New York City, New York.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired.. Post Office Clerk.

11. Industry or business U. S. Mails.

12. Name Robert McGahey.

13. Birthplace Colraine, Ireland. 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth (Unknown).

15. Birthplace Colraine, Ireland. 4  
(City, town, or county) (State or foreign country)

16. (c) Informant Mrs Anna McKay.

(b) Address #7233 Dorset Ave.

17. (a) Burial. (b) Date thereof March 7, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address #7233 Delmar Boulevard.

19. (a) MAR 6 1941 (b) [Signature]  
(Date received local Registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5th,  
year 1941. hour 4:30 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from March 5  
1941, to March 5, 1941;  
that I last saw him live on March 5, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Haemorrhage  
(Atherosclerosis)

Due to Atherosclerosis

Due to Seizure

Other conditions Cardiac Asthma  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy 9502

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?  
717 (Specify type of place)

23. Signature [Signature] (M. D. or other) \_\_\_\_\_

Address Kister Bldg. Date signed 3-6-41

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

Dr John Stewart.  
Foster Bala  
30-380  
2647 m.

**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 Bradford A. Miles

Licensed Embalmer No. 2901

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