

Registration District No. **791**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town Saint Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
3407 Walnut Street /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 18 Years  
years, months or days)

8. (a) PRINT FULL NAME Bender Mc Kimey

8. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Col. 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Esther Mc Kimey 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 4, 1880  
(Month) (Day) (Year)

8. AGE: Years 60 Months 10 Days 20 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Labor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Abe Mc Kimey  
13. Birthplace Unknown  
(City, town, or county) (State or foreign country)

{ 14. Maiden name Sarah Steveson  
15. Birthplace Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Esther Mc Kimey

(b) Address 3407 Walnut Street  
17. (a) Burial (b) Date thereof 7/1/41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cemetery

18. (a) Signature of funeral director F.A. Green

(b) Address 2915 Franklin Avenue

19. (a) JUN 30 1941 (b) J. Bredeek  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town Saint Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3407 Walnut Street  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24  
year 1941 hour 9 minute 5 P.M.

21. I hereby certify that I attended the deceased from before 12:00  
1941, to June 24<sup>th</sup>, 1941;  
that I last saw him alive on June 24<sup>th</sup>, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myo-Carditis  
Chronic Hypertension

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury \_\_\_\_\_

23. Signature J. Bredeek (M. D. or other) \_\_\_\_\_

Address 242<sup>nd</sup> 7<sup>th</sup> Street Date signed \_\_\_\_\_

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

000  
17  
9

JUL 21 1941  
791

000  
17  
187

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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

*J. A. Green*  
Licensed Embalmer No. *2963*  
P. O. Address *2915 Franklin*

**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, above space should be left blank.**