

No. 2
4-13-40
-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

26732

State File No.

6524

FILED SEP 17 1941

791

Primary Registration District No. 1003

Registrar's No.

Registration District No. 791
FILED SEP 17 1941

1. PLACE OF DEATH:

(a) County.....

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)

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

In this community..... 0
years, months or days)

3. (a) PRINT FULL NAME Hattie Eliza McKee

3. (b) If veteran, name war No.

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Louis A.

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased: Dec. 11 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	60	7	27	hr. min.

9. Birthplace: Morse Mill Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name John Judy

13. Birthplace Penn.
(City, town, or county) (State or foreign country)

14. Maiden name Eliza Smith

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Paul McKee

(b) Address Potosi, Mo.

17. (a) Removal (b) Date thereof 8/10/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DeSoto, Mo.

18. (a) Signature of funeral director Albert W. Hoppe

(b) Address 4700 Washington Ave.

19. (a) AUG 9 1941 (b) J. F. Fredrick
(Date received from Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson

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

(d) Street No.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th
year 1941 hour 3 minute 15 M.

21. I hereby certify that I attended the deceased from August 7, 1941, to August 8, 1941; that I last saw her alive on August 8, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Sepsis following surgery Duration

Due to Ulceration in cutaneous tracts

Due to Gall stones
Remissions anaemia

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None done

Of autopsy Went ill first, then seen

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?.....

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

23. Signature J. F. Fredrick or other

Address 306 N. Grand Date signed

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

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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. Wm Bumbley*.....

Licensed Embalmer No. *3653*.....

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.