

No. 2
1-2-43
5-17-39
X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35788

State File No. _____

ED NOV 13 1943

Registrar's No. 2511

Registration District No. 317

Primary Registration District No. 3070

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
522 West BIGBEND
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 22 YRS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS
(c) City or town WEBSTER GROVES
(If outside city or town limits, write "RURAL")
(d) Street No. 522 W. BIGBEND RD.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GIUSSIE MCKINNEY PAGE

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 ALBERT S. PAGE 6. (c) Age of husband or wife if alive 71 years
7. Birth date of deceased JUNE-22-1860
(Month) (Day) (Year)

8. AGE: Years 83 Months 4 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace ST. CHARLES MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business _____

MOTHER FATHER { 12. Name JAMES P. MCKINNEY
13. Birthplace ST CHARLES MISSOURI
(City, town, or county) (State or foreign country)
14. Maiden name MARY PRUDENCE BLACKBURN
15. Birthplace VARSAILLES KENTUCKY
(City, town, or county) (State or foreign country)

16. (a) Informant Cl. St. J.
(b) Address 522 W. Big Bend
17. (a) BURIAL (b) Date thereof NOV-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OAK GROVE, ST. CHARLES

18. (a) Signature of funeral director Parker Ind Co
(b) Address WEBSTER GROVES, MO.

19. (a) NOV 11 1943 (b) E. G. Mc Gowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV. day 9th
year 1943 hour 9:45 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes. Duration _____

Due to Coronary sclerosis; Myofibrosis of the myocardium.

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy Yes. 934
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 _____
Signature H. S. Preyboyle Dep. Coroner
Kirkwood, Mo (M. D. or other)
Address _____ Date signed _____

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

76
7
4

96
7

JUN 26 1948

JUN 26 1948

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 B. C. Aldrich
Licensed Embalmer No. 1332
P. O. Address Webster Groves, 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.