

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

47
-39

FILED SEP 24 1948 **318**
Registration District No.

Primary Registration District No. **1003**

Registrar's No. **8100**

1. PLACE OF DEATH:

(a) County **St. Louis**

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

(c) Name of hospital or institution **Park Lane Hospital**
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **2 weeks**
(Specify whether)

In this community **15 years**
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

(c) City or town **St. Louis** (If outside city or town limits, write "RURAL") **17**

(d) Street No. **1813 Warren St.** (If rural, give location) **9**

(e) Citizen of foreign country? (Yes or No) **0**

If yes, name country

3. (a) PRINT FULL NAME **Mrs. Allie McKinnon**

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

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 **Manvil McKinnon**

6. (c) Age of husband or wife if alive **65** years

7. Birth date of deceased **September 13th, 1894**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	54	0	2	hr. min.

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

10. Usual occupation **Housework**

11. Industry or business

MOTHER FATHER

12. Name **John Morris**

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

14. Maiden name **Dont know**

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

16. (a) Informant **Manvil McKinnon**

(b) Address **1813 Warren St.**

17. (a) **Burial** (b) Date thereof **9-17-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Valhalla Cemetery Hy. Leidner U. Co.**

18. (a) Signature of funeral director **SEP 16 1948**

(b) Address **2223 St. Louis Ave.**

19. (a) **J. F. Budeek** (b) **J. F. Budeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **15th**
year **1948** hour **12:25 AM** minute

21. I hereby certify that I attended the deceased from **8-15**, 19**48**, to **9-15**, 19**48**
and that I last saw **her** alive on **9-14-48**

Immediate cause of death **myocardial infarction - metastatic carcinoma of uterus ad**

Due to **metastatic carcinoma of uterus ad**

Due to **metastatic carcinoma of uterus ad**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations **H/O**

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? (Specify type of place)

While at work? (a) Means of injury **D**

23. Signature **W. A. King** (M. D. or other)

Address **8207 N. Broadway** Date signed **9-15-48**

Duration **3 days**

6 hrs.

PHYSICIAN

Underline the cause of 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. Allen Davis Jr
.....
Licensed Embalmer No. *4053*
P. O. Address *2223 St. Louis*

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.