

FILED AUG 25 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28497**  
Registrar's No. **7157**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY <b>2821 So. 18 St.</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>12 Yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2249</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2821 So 18 St.</b>			11. STREET ADDRESS (If rural, give location) <b>2821 South 18th Street</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Robert</b> b. (Middle) <b>McKinney</b> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 8 1951</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>July 10 1865</b>		9. AGE (In years last birthday) <b>86</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Mins. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <b>Olive Hill Ky?</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	
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13a. FATHER'S NAME <b>Steve Mc Kinney</b>		13b. MOTHER'S MAIDEN NAME <b>Porter</b>		14. NAME OF HUSBAND OR WIFE <b>Nellie</b>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ray McKinney 2824a Lemp Ave.</b>			
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Gastro-Enteritis</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senile debility</b> DUE TO (c) <b>Transition</b>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in apartment, home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>5711</b>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR <b>Stroke</b>	
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22. I hereby certify that I attended the deceased from **June 27, 1951**, to **Aug 8, 1951**, that I last saw the deceased alive on **Aug 8, 1951**, and that death occurred at **10:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Ray McKinney M.D.</b>		23b. ADDRESS <b>3014 S. Jefferson</b>		23c. DATE SIGNED <b>Aug 1951</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <b>AUG. 11 51</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>AUG 11 1951</b>		REGISTRAR'S SIGNATURE <b>J. Paul Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>McLaughlin 2301 Lafayette</b>	
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(Licensed Embalmers' Statement on Reverse Side)

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed

*N. Y. Ferris*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3384*

P. O. Address *23010 Lafayette*

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.