

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3012

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Meramec</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural-Meramec</u> <u>4740</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Highway 50</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 109</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Marion</u> b. (Middle) <u>D.</u> c. (Last) <u>McKinnen</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 28, 1951</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 19, 1889</u>	9. AGE (In years last birthday) <u>62</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Brockmeyer Const.</u>	11. BIRTHPLACE (State or foreign country) <u>St. Louis County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph McKinnon</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Sindon</u>	14. NAME OF HUSBAND OR WIFE <u>Johannah Vesper McKinnon</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>198-16-2205</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Johannah McKinnon, Glencoe, Mo.</u>	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Severe head and brain injury received while driving an auto</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>		
	DUE TO (b) <u>of which deceased lost control car overturned and pinned</u> DUE TO (c) <u>deceased under car.</u>		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>			

19a. DATE OF OPERATION <u>8/28/51</u>	19b. MAJOR FINDINGS OF OPERATION <u>400 32</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Glencoe St. Louis Mo.</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8/28/51 5:30 P.m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Blunt impact & Crushing Force</u>
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Arnold J. Willman, Coroner</u>	(Degree or title)	23b. ADDRESS <u>Clayton, 5, Mo.</u>	23c. DATE SIGNED <u>8/30/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8/31/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bethel Cemetery,</u>	24d. LOCATION (City, town, or county) (State) <u>Pond, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>8-30-51</u>	REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Schrader Fun'l Home,</u>	ADDRESS <u>Ballwin, Mo.</u>
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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.....

Richard Bopp

Signed.....

Student Embalmer

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, 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.