MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER 62-004160

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 1295

FILED FEB 7 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b: 20 days

c. CITY OR TOWN St. Louis — Inside Limits: Yes ☐ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Chronic Hosp. — Inside Limits: Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location) 4319 St. Ferdinand — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Florence Middle: Last: Mc Kinnon

4. DATE OF DEATH Month: 1 Day: 28 Year: 62

5. SEX: Female

6. COLOR OR RACE: Col.

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ Sep.

8. DATE OF BIRTH: 19 Jan 03

9. AGE (last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier in charge

10b. KIND OF BUSINESS OR INDUSTRY: Housing Authority

11. BIRTHPLACE (City and state or country): Mo.

12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Warner J. Burton

13b. MOTHER'S MAIDEN NAME: Ella Mason

14. NAME OF HUSBAND OR WIFE: William McKinnon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Mr Leon Burton — Address: 4324 Cottage Ave

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) carcinomatosis ? — INTERVAL BETWEEN ONSET AND DEATH: months

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Bronchogenic carcinoma ? months

DUE TO (c) 1621

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): emaciation

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1-8-62, to 1-28-62 and last saw her/him alive on 1-28-62

Death occurred at 7:45 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry Miller (Degree or title) MD — 22b. ADDRESS St. Louis Chronic Hospital — 22c. DATE SIGNED 30 Jan 62

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal — 23b. DATE: 2/1/62 — 23c. NAME OF CEMETERY OR CREMATORY: Washington Park — 23d. LOCATION (City, town, or county) (State): St. Louis County Missouri

24. FUNERAL DIRECTOR: Herman J. Smith — ADDRESS: 4247/w Labadie Ave

25. DATE RECD. BY LOCAL REG.: JAN 30 1962

26. REGISTRAR'S SIGNATURE: Paul Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Arthur L. Hellard

Licensed Embalmer No. 4221

P. O. Address 3100 Easton Ave

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.