JUN 29 1927

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
16292

File No. 44
Registered No.

1. PLACE OF DEATH
County: St. Louis
Township: Central
City: University City No. 6262 Enright St. Ward
Registration District No. 1160
Primary Registration District No. 4470

2. FULL NAME: Aurelia McLean
(a) Residence. No. 6600 Washington St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. 1½ mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Peter McLean

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 2 - 1847

7. AGE: Years 79 Months 10 Days 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: At home
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): S. Carolina

PARENTS
10. NAME OF FATHER: Andrew Smith
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Scotland
12. MAIDEN NAME OF MOTHER: Not known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY):

14. INFORMANT: Mrs W. A. Johnson
(Address): 6262 Enright

15. FILED 5-26 1927 William Bruns Registrar

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR): May 25 1927

17. I HEREBY CERTIFY, That I attended deceased from May 5, 1927, to May 25, 1927, that I last saw h. alive on May 25, 1927, and that death occurred, on the date stated above, at 7:35 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-Pneumonia
Cerebral apoplexy
130
93C
82A (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Chronic Intestinal nephritis
Chronic myocarditis (duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Laboratory tests
(Signed) Lewis W. Wolff, M. D
5-26, 1927 (Address) 6808 Manchester.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bellefontaine
DATE OF BURIAL: May 27 1927

20. UNDERTAKER: Kron & Sons
ADDRESS: 9707 N. Broad

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.