JUL 20 1938

REC'D AUG 9 1938

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

26534
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis
(b) Township
(c) City ~~St. Louis~~ Wellston (d) Street No. 6258 Enright St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 7 84
Primary Registration District No. 2 00
Registered No. 1228

2. PRINT FULL NAME John H. McLean 24.)
(a) Residence, No. 6258 Enright Ave., St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Margaret McLean
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 7, 1857
7. AGE: Years 81 | Months 5 | Days 12 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Salesman
9. Industry or business in which work was done, as saw mill, bank, etc. Printing
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri 0

FATHER
13. NAME John McLean 4
14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY) 4

MOTHER
15. MAIDEN NAME Margaret Kane
16. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY)

17. INFORMANT Mrs. Margaret McLean (ADDRESS)
18. BURIAL, CREMATION, OR REMOVAL Lakewood Park Cm. DATE 7/21/38, 19
19. FUNERAL DIRECTOR (NAME) Weick Bros Und. Co. (ADDRESS) 2201 S. Grand Bl.
20. FILED JUL 20 1938, 19 R. Meyer M.D. D.V. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1938, to July 19, 1938
I last saw him alive on July 19, 1938. Death is said to have occurred on the date stated above, at 2.15 P.M.
The principal cause of death and related causes of importance were as follows:

Carcinoma, glands of neck — Date of onset: about 1 year ago
53 ½

Other contributory causes of importance:
Senility

Name of operation — Date of
What test confirmed diagnosis? Diagn. + Symptoms Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. A. Sterling, M. D.
(Address) 7266 Manchester

(Licensed Embalmer's Statement on Reverse Side)

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.

THIS IS A PERMANENT RECORD

Dr John A. Starling
7266 Manchester

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, Harry A Stewart, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Harry A. Stewart

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquet

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, above space should be left blank.