

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7698

Do not use this space.

REC'D MAR 23 1939

1. PLACE OF DEATH

(a) County St. Francois Registration District No. 773
 (b) Township St. Francois Primary Registration District No. 6078A Registered No. 26
 (c) City Near Farmington (d) Street No. State Hospital No. 4 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.

2. PRINT FULL NAME FLORENCE O. McLain

(a) Residence, No. 4462 Forest Park Blvd. St. Louis, Mo. (If nonresident, give city or town and State)
 (Usual place of abode; if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 John T. McLain

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-9 (Year Un)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 or more Un Un 26

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem, Illinois

FATHER 13. NAME David P. Myers

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Madelein Turner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Un known

17. INFORMANT. Records of State Hospital No. 4 (ADDRESS) Farmington, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Mo. DATE Feb. 23rd 1939

19. FUNERAL DIRECTOR (NAME) Arthur J. Donnelly (ADDRESS) St. Louis, Mo.

20. FILED Feb 21 1939 B. J. Kowman Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-21 1939

22. I HEREBY CERTIFY, That I attended deceased from 1-13, 1939 to 2-21, 1939

I last saw h. or alive on 2-20, 1939 Death is said

to have occurred on the date stated above, at 4:00 a.m.

The principal cause of death and related causes of importance were as follows:

Arteriosclerosis, generalized and marked. Date of onset ?
Coronary sclerosis (Angina Pectoris) ?

Other contributory causes of importance: Psychosis with Cerebral Arterio-sclerosis. 12-10-38

Name of operation None Date of _____

What test confirmed diagnosis Clinical 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? No

If so, specify _____

(Signed) C. C. Oult, M. D.

(Address) Farmington, Mo.

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.

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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

Registered Apprentice No., working under my personal supervision.

Signed.....

W. H. Van Meter

Licensed Embalmer No.

2825

P. O. Address

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.