

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

16561  
Do not use this space.

791  
1003

Registered No. 4095

1939 JUN 12 1939

1. PLACE OF DEATH  
(a) County ..... Registration District No. ....  
(b) Township ..... Primary Registration District No. ....  
(c) City St. Louis (d) Street No. City Hospital #1 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 Thomas McLean  
(a) Residence, No. 4023 A McRee Ave St. 17  
(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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
abt 31

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk

9. Industry or business in which work was done, as saw mill, bank, etc. Swift Packing Co

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) Missouri

FATHER 13. NAME John McLean

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

MOTHER 15. MAIDEN NAME Lucritia Waters

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Mrs. John McLean  
4023 McRee Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE May 5 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Peeetz Brothers  
3029 Lafayette Ave

20. FILED MAY 8 1939  
J. B. Borden  
Local Registrar

MEDICAL CERTIFICATE OF DEATH

No Physician in Attendance  
21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 2 1939 19

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 4 P.M.  
The principal cause of death and related causes of importance were as follows:

Second & 3rd degree Burns of entire body, suffered while deceased jumped into bonfire located in a rubbish dump about 300 feet South of Holly Hills

Other contributory causes of importance:  
at Church, Wagon May 2/1939 about 5:25 pm. while suffering from temporary mental aberration

Name of operation Success Date of .....  
What test confirmed diagnosis? ..... 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 5/2/39  
Where did injury occur? Public Place  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Manner of injury see above  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Alcohol  
(Signed) Alfred Perry  
(Address) Republic, Colorado

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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*Coroner*

**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 *Frank J. Owens*  
Licensed Embalmer No. *2245*  
P. O. Address *St Louis 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, above space should be left blank.**