

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

17323
 Do not use this space.

REC'D JUN 1, 1939

1003

4857

1. PLACE OF DEATH
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis (d) Street No. Homer Phillips Hospital 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 63 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John Henry Macklin
 (a) Residence, No. 4451 St. Ferdinand St. 11
 (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 M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. ~~MARRIED~~, WIDOWED, OR DIVORCED, HUSBAND OF Mahala

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 25, 1856

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 3 29

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

FATHER 13. NAME Sol Macklin
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER 15. MAIDEN NAME Mariah ?
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Evelyn Hilliard
2601 N Whittier

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE May 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Gates
4107-09 Finney Avenue

20. FILED MAY 29 1939 J. F. Brudick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1939

22. I HEREBY CERTIFY, That I attended deceased from May 22, 1939, 19... to May 24, 1939, 19...

I last saw him alive on May 24, 1939, 19... Death is said to have occurred on the date stated above, at 2:40p.m.

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

Arteriosclerosis
Hypertrophy of prostate with urinary retention

Date of onset 5/22/39

Other contributory causes of importance: 97
 Name of operation..... 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) H. J. Lyman, M. D.
 (Address) 2601 N Whittier

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.

STATEMENT BY LICENSED EMBALMER

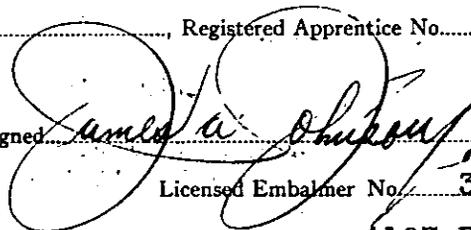
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....James A. Johnson.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....



..... Licensed Embalmer No. 3522.....

..... P. O. Address 4107 Finney 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 this body is not embalmed, above space should be left blank.