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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
REC'D OCT 14 1939 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31164

Registration District No. 1003 Primary Registration District No. Registrar's No. 8227

1. PLACE OF DEATH:

(a) County 1

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 Days (Specify whether

In this community X 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 16

(d) Street No. 4200 Tholozan (If rural, give location)

(e) If foreign born, how long in U. S. A.? X years.

3. (a) PRINT FULL NAME Mike McLaughlin 2112

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife X

6. (c) Age of husband or wife if alive X years

7. Birth date of deceased August 15, 1873 (Month) (Day) (Year)

8. AGE: Years 66 Months 1Mo. Days 5 If less than one day hr. X min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business X

FATHER
12. Name Pat McLaughlin
13. Birthplace ? (City, town, or county) New York (State or foreign country)

MOTHER
14. Maiden name Catherine
15. Birthplace (City, town, or county) ??? (State or foreign country)

16. (a) Informant's own signature Mr Joseph Dwyer

(b) Address 2331 Millenphy

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 9-25-39 (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY

18. (a) Signature of funeral director Cullen & Kelly

(b) Address 1416 N. Taylor ave.

19. (a) SEP 25 1939 (Date received local registrar) (b) J. F. Budick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 20, year 1939 hour 2:10 minute P. M.

21. I hereby certify that I attended the deceased from August 24, 1939 to September 20, 1939 that I last saw him alive on September 20, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Pyonephrosis with uremia non calculous

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1330

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature J. E. Von Koenel (M. D. or other)

Address 1515 Lafayette, Date signed 9/21/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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~~ Raymond E. Gehrke, ~~Registered Apprentice No.~~ working under my personal supervision.

Signed Raymond E. Gehrke

Licensed Embalmer No. 3985

P. O. Address St Louis, Mo

City License #180

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.