

FILED JAN 15 1949

Registration District No. **791** Primary Registration District No. **1002** Registrar's No. **9865**

1. PLACE OF DEATH:

(a) County St. Louis, Mo  
(b) City or town St. Louis, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Harvy Elmer McLaren  
3. (b) If veteran, name war no 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Nora McLaren 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased June 3, 1873  
(Month) (Day) (Year)

8. AGE: Years 67 Months 5 Days 28 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Editor

11. Industry or business Newspaper

MOTHER FATHER { 12. Name Robert McLaren  
13. Birthplace Ills.  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nora McLaren  
(b) Address Rushville, Ills.

17. (a) Removal (b) Date thereof 12/21/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rushville Ills

18. (a) Signature of funeral director Robert [Signature]  
(b) Address 6633 [Signature]

19. (a) 2-1949 (b) J. H. [Signature]  
(Date of local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County Schuyler  
(c) City or town Rushville  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 1  
year 1940 hour 11:25 minute P M.

21. I hereby certify that I attended the deceased from Nov. 28, 1940, to Dec. 1, 1940;  
that I last saw him alive on Dec. 1, 1940,  
and that death occurred on the date and hour stated above.

Immediate cause of death Atelectasis - Rt lung & pneumonia and peripheral circulation failure  
Duration 48 hours

Due to Carcinoma Kidney, legs - 1st operated 2 weeks

Other conditions Generalized Arterio sclerosis 18 yrs.  
(Include pregnancy within 3 months of death)

PHYSICIAN { Major findings: Pneumonia, left kidney  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

28. Signature Samuel [Signature] (M. D. or other) MD  
Address Barnes Hospital HOSPITAL Date signed 2-2-49

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.....

*John Embalmer*

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

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.**