

S. No. 2  
-11-10-39  
5-17-39  
I X2142

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12069

State File No.

Registrar's No.

APR 9 1941

Registration District No. 784

Primary Registration District No. 111

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Mary's Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

8. (a) PRINT FULL NAME Sigmond H. McLean

3. (b) If veteran, name war World 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alma McLean 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 24, 1884  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>56</u>	<u>6</u>	<u>8</u>	hr. _____ min.

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

10. Usual occupation Retired - Army Officer

11. Industry or business \_\_\_\_\_

12. Name Edgar O. McLean

13. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

14. Maiden name Ruth Eads

15. Birthplace Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma McLean

(b) Address 8312 Garfield Ave.

17. (a) Burial (b) Date thereof April 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery, Jefferson Barracks,

18. (a) Signature of funeral director Wm. M. Schumacher

(b) Address 4834 Natural Bridge

19. (a) APR 2 1941 (b) H. Stange, M.D.  
(Date received) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96  
(c) City or town Vinita Park 0  
(If outside city or town limits write "RURAL")  
(d) Street No. 8312 Garfield Ave. 0  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1st,  
year 1941 hour 11:55 minute P.M. M.

21. I hereby certify that I attended the deceased from Mar 18 - 1941 to April 1st 1941  
that I last saw him alive on 4-1-41, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
<u>Arterio Sclerosis of Coronary Arteries</u>	<u>?</u>
Due to <u>Arterio Sclerosis</u>	<u>1 year</u>
Due to _____	_____
Other conditions (Include pregnancy within 3 months of death)	_____
<u>Both lungs</u>	_____
Major findings: Of operations _____	_____
Of autopsy <u>Described above</u>	_____

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? \_\_\_\_\_

23. Signature Law R. Kelly (M. D. or other) Phys  
Address 8100 page Blvd Date signed 4-3-41

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

76  
8  
3

MOTHER FATHER

8105 Page W.1.1021

7-8 = 10-12

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 A. Mlinar, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address 4834 Nat'l Bldg

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.