

Registration District No. **791**

Primary Registration District No. **1003**

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town **St. Louis.**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**City Hospital.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **8 Days.**  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME **Loretta Margaret McLain.**

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

4. Sex **Female** / 5. Color or race **White** 6. (a) Single, widowed, married, divorced, **Single.**

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

7. Birth date of deceased **July 13th, 1938.**  
(Month) (Day) (Year)

8. AGE: Years **2** Months **11** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation **None.**

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

12. Name **Lester McLain.**  
13. Birthplace **Alton, Illinois.**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Loretta Bucher.**  
15. Birthplace **St. Louis, Missouri.**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Lester McLain.**

(b) Address **918a Chambers St.**

17. (a) **Burial** (b) Date thereof **6-24-41.**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cen.**

18. (a) Signature of funeral director **Hy. Leidner Und. Co.**

(b) Address **2223 St. Louis Ave.**

19. (a) **JUN 23 1941** (b) **J. F. Breckner**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County **000**  
(c) City or town **St. Louis.** **2417**  
(If outside city or town limits, write "RURAL") **9**  
(d) Street No. **918a Chambers St.**  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **20th**  
year **1941** hour **8:00** minute **P.** M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Bronchial Pneumonia** Duration \_\_\_\_\_  
**fracture of the pelvis when she run into the left front fender of a truck driven by one Edward Brockman in front of about 917 Chambers Street about 1:55 A.M., June 12, 1941.**

Due to **ACCIDENT**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

PHYSICIAN \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations **210**  
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) **ACCIDENT**

(b) Date of occurrence **6/12/1941**

(c) Where did injury occur? **St. Louis, Mo.**  
(City or town) (County) (State)

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

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

23. Signature **Thomas F. Gallows** (M. D. or other)  
Address **Deputy Coroner** Date signed **6/23/41**

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

0  
17  
9

**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 Walter L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

**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, fact should be so stated above.**