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13-40
7-39
X231

Registration District No. 709

Primary Registration District No. 1003

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. 0 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County McDonough
(c) City or town Bushnell
(If outside city or town limits, write "RURAL")
(d) Street No. 570 Sperry
(If rural, give location)
(e) If foreign born, how long in U. S. A. 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3
year 1941 hour 11:05 minute P M.

21. I hereby certify that I attended the deceased from June 24, 1941 to July 3, 1941; that I last saw her alive on July 3, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Intestinal Obstruction 9 days
Due to gallstone in ileum ?

Due to car. cholelithiasis
Other conditions: 176
(Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: Same as above
PHYSICIAN: 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.
23. Signature R. Anschutz (M. D. or other) DMD
Address BARNES HOSPITAL Date signed 7/4/41

3. (a) PRINT FULL NAME Mary Ellen McClaren
(b) If veteran, name war No.
(c) Social Security No. None

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

6. (b) Name of husband or wife James Newton McLaren 6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased Aug. 28 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days 5 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name Dolphin Weaver

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Mary Hillier

(b) Address 9675 Ladue Rd.

17. (a) Removal (b) Date thereof 7/5/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bushnell, Ill.

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Ave.

19. (a) 5 1941 (b) Registrar's signature

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

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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.....

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

working under my personal supervision.

Signed.....

William G. Burnley

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

4202

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