

No. 2  
1-4-41  
-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26310

State File No. \_\_\_\_\_  
Registrar's No. 1629

Registration District No. 1844

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis County  
(b) City or town Jefferson Barracks  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Veterans Administration Facility  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Admitted 7/26/41  
(Specify whether  
In this community Since 7/26/41.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999  
(c) City or town East St. Louis 11  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8800 Lake Drive 0  
(If rural, give location)  
(e) Citizen of foreign country? - (Yes or No) 2  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Harry Lee McLain

3. (b) If veteran, name war World 3. (c) Social Security No. 329-10-9323

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Helen 6. (c) Age of husband or wife if alive - years  
7. Birth date of deceased February 23, 1889  
(Month) (Day) (Year)

8. AGE: Years 52 Months 5 Days 8 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business -

MOTHER FATHER { 12. Name George McLain  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name Sallie Thompson  
15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schellig  
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof AUG. 5, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation National Cemetery, J.B. Mo

18. (a) Signature of funeral director C. Hoffmeister & Co  
(b) Address 7814 S. Broadway, St. Louis, Mo.

19. (a) AUG 4 - 1941 (b) E. E. McLaurean M.D.  
(Date received local registrar) (Registrar's signature)

10/21/41  
(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 1st,  
year 1941 hour 6:50 minute \_\_\_\_\_ p. M.

21. I hereby certify that I attended the deceased from  
July 26, 1941, to August 1, 1941  
that I last saw him alive on August 1, 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute gangrenous appendicitis,  
with generalized peritonitis. Duration 8 days.

Due to -

Due to - 12:17

Other conditions Peptic Ulcer. 5 years  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations Operated 7/26/41.

Of autopsy Autopsy performed. See  
cause of death. 5 years

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

(a) Accident, suicide, or homicide (specify) NO

(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) (Name of injury)

23. Signature L. M. COCHRAN, M.D. (M. D. or other) 0  
Address Chief Medical Officer Date signed 8/4/41

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

AUG 15 1947

**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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S Broadway*

**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.**