

1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 30148

Registration District No. 791

Primary Registration District No.

Registrar's No. 7487

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

1. PLACE OF DEATH: St. Louis, Mo.
 (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 Sanitarium
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 13 yrs. 1 mo. 20 days
 In this community About 37 yrs.
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County 000
17
 (c) City or town St. Louis
 (If outside city or town limits, write "RURAL")
 Street No. 1327 So. 7th St.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME LAURA McLAIN
 3. (b) If veteran, name war No
 3. (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept. day 15
 year 1941 hour 9:20 minute P. M.

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced widow
 6. (b) Name of husband or wife Edw. McLain
 6. (c) Age of husband or wife if alive deceased years
 7. Birth date of deceased 7-19-1877 1881
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-1-40, 19____, to 9-15-41, 19____;
 that I last saw her alive on 9-15-41, 19____;
 and that death occurred on the date and hour stated above.
 Immediate cause of death _____

8. AGE: Years Months Days If less than one day
60 1 27 hr. min.

Coronary Sclerosis 9-1-40x
 Due to Gen. Arteriosclerosis 9-1-40x

9. Birthplace Unknown 4 England
 (City, town, or county) (State or foreign country)
 10. Usual occupation Housework

Due to _____
 Other conditions (Include pregnancy within 3 months of death) _____

11. Industry or business _____
 12. Name Unknown
 13. Birthplace Unknown 4 Scotland
 (City, town, or county) (State or foreign country)
 14. Maiden name Lucy Machin
 15. Birthplace Unknown 4 England
 (City, town, or county) (State or foreign country)

Major findings: AK
 Of operations AK
 Of autopsy Yes.
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Leslie McLain
 (b) Address 918 1/2 Chambers St.
 17. (a) Burial (b) Date thereof 9-18-41
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery, ls.

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? _____

18. (a) Signature of funeral director Hy. Leidner Und. Co.
 (b) Address 2223 St. Louis Ave.
 19. (a) SEP 16 1941 (b) J. Bredick
 (Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (e) Means of injury _____
 23. Signature J. Bredick (M. D. or other) _____
 Address _____ Date signed _____

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 Homer 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.