

Registration District No. **7911**

Primary Registration District No. **1002**

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:  
**3535a Utah St.**  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State. **Mo.** (b) County.....  
(c) City or town. **St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **3535a Utah St.**  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **Julia McLaughlin**

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

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

6. (b) Name of husband or wife. **Late T.J. McLaughlin** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **about 1867**  
(Month) (Day) (Year)

8. AGE: Years **about 75** Months Days If less than one day  
.....hr. ....min.

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

10. Usual occupation **Housewife**

11. Industry or business.....

MOTHER FATHER { 12. Name **Michael Naughton**

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

14. Maiden name **Julia Dwyer**

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

16. (a) Informant **James J. McLaughlin**

(b) Address **3535a Utah St.**

17. (a) **Burial** (b) Date thereof. **4-10-42**  
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director. **Kriegshauser Mortuarie**

(b) Address **4228 So. Kingshighway Blvd.**

19. (a) **APR 8 1942** (b) **J.F. Brudeck**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **7th**  
year **1942** hour **1:05** minute **A.M.**

21. I hereby certify that I attended the deceased from **4-1-1942** to **4-6-42** 19**42**  
that I last saw **her** alive on **4-6-42** 19**42**  
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic myocarditis (>)**

Due to **930**

Due to **Penicillin**

Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations.....  
Of autopsy.....

Duration  
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 **J.P. Derr** (M. D. or other)  
Address **4065 So Grand** Date signed **4/7-42**

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

4065 do Grant Ave  
For 2711 1-3

**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 Reinhold W. Lehmann

Licensed Embalmer No. 3395

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.**