S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 15 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 16405

Registrar's No. 4780

1. PLACE OF DEATH:

(a) County

(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: St. Johns Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis MO.
(If outside city or town limits, write "RURAL")

(d) Street No. 5465 Arlingtom Ave
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME JOHN PETE MCLEAN

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MAGGIE RILEY

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec 12 1864 (Month) (Day) (Year)

8. AGE: Years 77 Months 5 Days 18 If less than one day hr. min.

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

10. Usual occupation Electrican

11. Industry or business

FATHER
12. Name John McLean
13. Birthplace Ireland (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Margaret Don't Know
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Maggie McLean
(b) Address 5465 Arlingtonave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/2/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary CEM,

18. (a) Signature of funeral director SULLIVAN BRO'S
(b) Address 2849 N. Euclid Ave.

19. (a) JUN 1 1942 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 30 day May year 1942 hour 10 minute 30 a M.

21. I hereby certify that I attended the deceased from Oct 8 1941 to May 30 1942 that I last saw him alive on May 18 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Carcinoma Bladder

Due to Hypertrophy of Prostate

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Carcinoma Bladder Urinary

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

23. Signature Martyn Schatty (M. D. or other) M.D.
Address 505 Humboldt Bldg Date signed June 1/42

844 (Licensed Embalmer's Statement on Reverse Side)

DR,Martin Schattyn
505 Beaumont Bldg,
2P,M Monday

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 Albert May Field

Licensed Embalmer No. 3077

P.O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.