

FILED OCT 6 1942

Registration District No. 784

Primary Registration District No. 116

Registrar's No. 1867

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Valley Park, Mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
432 Benton 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 Missouri (b) County St. Louis  
(c) City or town Valley Park  
(If outside city or town limits, write "RURAL")  
(d) Street No. 432 Benton St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country..... 0

3. (a) PRINT FULL NAME Cynthia Elizabeth McLain

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 James Frank McLain 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased February 21 1861  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
81 6 15 hr. \_\_\_\_\_ min.

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

10. Usual occupation Nil

11. Industry or business \_\_\_\_\_

12. Name S.V.B Williams

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

14. Maiden name Louisiana Randols

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

16. (a) Informant Mrs Ethel M. Ralph  
(b) Address 434 Benton St Valley Park Mo

17. (a) Burial (b) Date thereof 9/8/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem

18. (a) Signature of funeral director Louis H. Ruppel  
(b) Address Kirkwood, Mo.

19. (a) SEP - 7 1942 (b) R. E. McLain  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 6  
year 1942 hour 10 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July Seventh  
1942 to Sept 6 1942  
that I last saw her alive on Sept 6 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 45 days

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature G. P. Rust (M. D. or other) \_\_\_\_\_

Address Valley Park, MO Date signed 9.7.42

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

96  
16  
0

96  
16  
0

8301

JAN 20 1944

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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

*John M Meyer*

Licensed Embalmer No. *3288*

P. O. Address *Hurlwood, Mo*

**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.**