

ED JUN 4 1943 318

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 4654

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:
City Sanitarium 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community 10 yrs. 7 mos. 15 das. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000
(c) City or town..... St. Louis (If outside city or town limits, write "RURAL.") 17
(d) Street No. 611 Tuxedo Bl Webster Gr. Mo. (If rural, give location) 913 #A
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Donald Mc.Lin.

3. (b) If veteran, name war..... (c) Social Security No.....

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased. Aug. 10, 1907
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	35	9	8	hr. min.

9. Birthplace. St. Louis Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation. Nil

11. Industry or business. none

MOTHER FATHER { 12. Name. A.W. Mc/Lin

13. Birthplace. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name. unknown

15. Birthplace. Ill. 1
(City, town, or county) (State or foreign country)

16. (a) Informant. Helwig A Singler

(b) Address. 5400 Arsenal

17. (a) Burial (b) Date thereof. May 19, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Oak Grove Cemetery

18. (a) Signature of funeral director. M. J. Croghan

(b) Address. 7146 Manchester Ave.

19. (a) MAY 19 1943 (b) J. F. Bedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 18
year 1943 hour 7 minute 0 a.m.

21. I hereby certify that I attended the deceased from 6-11-1936
to 5-18-1943
that I last saw him alive on 5-18-1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Ascites - cause unknown
Penitonicitis acute

Due to Compensated Heart Failure
Due to 95 32

Other conditions. (Include pregnancy within 3 months of death) 95 32

Major findings: Of operations.....

Of autopsy. yes

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. Walter H. Moon (M. D. or other) M.D.
Address. 5400 Arsenal St. Date signed 5/18/43

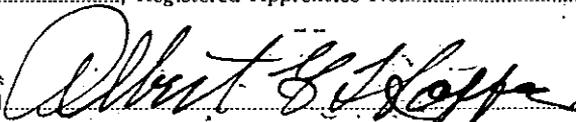
Duration 1942x
Physician Underline the cause to which death should be charged statistically.

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

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



Licensed Embalmer No.....

2971

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.