

220
S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

662

State File No.

FILED FEB 11 1944

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **1154**

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **St. Louis, Missouri**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution..... **MAX C. Starkloff Memorial**
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **7 days**
(Specify whether

In this community.....
years, months or days)

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") **919**

(d) Street No..... **4398 Olive street,**
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
0
If yes, name country.....

3. (a) PRINT FULL NAME..... **GEORGE FRANK MCLAIN**

3. (b) If veteran, name war..... **no**

3. (c) Social Security No..... **none**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **29**
year..... **1944** hour **5:45** minute **P** M.

21. I hereby certify that I attended the deceased from **January**
28, 19**44**, to **February 3**, 19**44**;
that I last saw him alive on **February 3**, 19**44**;
and that death occurred on the date and hour stated above.

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

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

7. Birth date of deceased..... **July 25 1863**
(Month) (Day) (Year)

Immediate cause of death.....
Empyema undetermined cause

Due to.....

Due to.....

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

8. AGE: Years Months Days If less than one day

80 **6** **8** **hr.** min.

Major findings:
Of operations.....

Of autopsy..... **Empyema**

PHYSICIAN
Underline the cause to which death should be charged statistically.

9. Birthplace:..... **California**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Real estate**

11. Industry or business..... **Self**

MOTHER, FATHER {

12. Name..... **B. F. McLain**

13. Birthplace..... **U.S.A.**
(City, town, or county) (State or foreign country)

14. Maiden name..... **unknown**

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

16. (a) Informant..... **G. W. McLain**

(b) Address..... **3715 Prospect, Cleveland, Ohio**

17. (a) Burial..... (b) Date thereof..... **Feb-5-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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..... **G. Kron**
(Specify type of place)

(b) Address..... **2707 N. Grand St.**

19. (a) **FEB 5 1944** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

While at work?..... (e) Means of injury.....

23. Signature..... **Ray J. ...** (M. D. or other)
Address..... **515 Lafayette Ave.** Date signed..... **2-4-44**

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.....

V E Morris

Licensed Embalmer No. 3360

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.