

FILED JAN 31 1945 18

Registration District No. \_\_\_\_\_ Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(c) Name of hospital or institution: St. Louis City Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 8 days 0  
In this community 30 Years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2906 1/2 Arsenal  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Lucy McLaughlin

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

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased March 28 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
71 9 18 hr. min.

9. Birthplace Shannon Miss. Miss.  
(City, town, or county) (State or foreign country)

10. Usual occupation House Wife

11. Industry or business At home

MOTHER FATHER

12. Name James Wightman

13. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

14. Maiden name Lavinia Evans

15. Birthplace Unknown 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles McLaughlin

(b) Address 2906 1/2 Arsenal

17. (a) Burial (b) Date thereof 1/18/45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 2301 Lafayette Ave.

19. (a) J. F. Bredek (b) \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 16th  
year 1945 hour 4:30 minute A. M.

21. I hereby certify that I attended the deceased from 1/8/45  
19\_\_\_\_, to 1/16/45, 19\_\_\_\_;  
that I last saw her alive on 1/6/45, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death asthenosclerotic heart disease

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

23. Signature Herbert C. Fritz (M. D. or other) \_\_\_\_\_  
Address 1515 Lafayette Date signed 1/16/45

**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.....

*L. R. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**