

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Anthony Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 hrs.
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME VIRGINIA MCLAUGHLIN

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

4. Sex Female 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 _____

7. Birth date of deceased October 19 1905
(Month) (Day) (Year)

8. AGE: Years 40 Months 6 Days 12 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name James McLaughlin

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Rechten

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mildred Ploch

(b) Address 3951 Bowen St.

17. (a) Burial (b) Date thereof 5/4/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director Gebken-Benz Mort.

(b) Address 2842 Meramec St.

19. (a) MAY 3 1946 (b) J. F. Brebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3951 Bowen St.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 1st
year 1946 hour 11:50 minute P. M.

21. I hereby certify that I attended the deceased from April 29th 1946 to May 1st 1946
that I last saw him alive on May 1st 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage Duration _____

Due to _____

Due to _____

Other conditions Hypertension

(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: no

(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 Bernard Ploch (M. D. or other) _____

Address 3527 Osage, St. Louis 18, Mo. Date signed 5-2-46

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.....

Loren E. Percy

Licensed Embalmer No.

40914

P. O. Address.....

2842 Meadville

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.