

FILED Jul 7 1946
Registration District No. 377

Primary Registration District No. 6076

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Normandy
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
6922 Ira /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6

(c) City or town Normandy
(If outside city or town limits, write "RURAL")

(d) Street No. 6922 Ira
(If rural, give location)

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

3. (a) PRINT FULL NAME Walter H. McLean

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Annie M. McLean

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased: July 22, 1873.
(Month) (Day) (Year)

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

72	11	5	hr. min.
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9. Birthplace: St. Louis, Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Hector Duncan McLean

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

14. Maiden name Mary E. Corcoran

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

16. (a) Informant Mrs. Annie M. McLean

(b) Address 6922 Ira, Normandy.

17. (a) Burial (b) Date thereof June 29, 1946.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home
(b) Address 4828 Natural Bridge Blvd.

19. (a) 6-28-46 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27th
year 1946 hour 5:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept. 15 1944 to June 26 1946;
that I last saw him alive on June 26 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis 1 1/2 years

Due to Chronic bronchitis 1 1/2 years

Due to Bronchial asthma 1 year

Other conditions: 93-d
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy _____

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 Norton John Everell (M. D. or other) M.D.
Address 6356 Clayton Road Date signed 6/27/46

JUL 16 1944

16356 Clayton Rd
3-6 PPH

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 A. Melina
Licensed Embalmer No. 4186
P. O. Address St Louis 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.