S. No. 2
M—5-43
r. 5-17-39
o I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 7 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35374

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9103

1. PLACE OF DEATH:

(a) County: St. Louis
(b) City or town: (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Barnes Hospital, O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: 600
(c) City or town: ST. LOUIS (If outside city or town limits, write "RURAL") 18-17
(d) Street No. 4317A NORFOLK AVE (If rural, give location) 9
(e) Citizen of foreign country? (Yes or No) O
If yes, name country

3. (a) PRINT FULL NAME: ALBERT MAYWOOD McLAUGHLIN

3. (b) If veteran, name war: NONE

3. (c) Social Security No.

4. Sex: MALE O

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: WIDOWED

6. (b) Name of husband or wife: LATE ETHEL

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

7. Birth date of deceased: FEB. (Month) 4 (Day) 1868 (Year)

8. AGE: Years 78 Months 8 Days 19 If less than one day hr. min.

9. Birthplace: CALHOUN CO. (City, town, or county) ILL. (State or foreign country) 1

10. Usual occupation: RETIRED 16 YRS.

11. Industry or business:

MOTHER FATHER

12. Name: UNKNOWN

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

14. Maiden name: UNKNOWN

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

16. (a) Informant: COLDIE McLAUGHLIN

(b) Address: 4317A NORFOLK

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 10 26 46 (Month) (Day) (Year)

(c) Place: burial or cremation: VALHALLA CEMETERY

18. (c) Signature of funeral director: KRIEGSHAUSER UND.

(b) Address: 4448 SO. KINGSHIGHWAY BL.

19. (a) OCT 24 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23 year 1946 hour 3 minute 30 p.M.

21. I hereby certify that I attended the deceased from Oct. 16, 1946 to Oct. 23, 1946 that I last saw him alive on October 23, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart failure, acute; post-operative	4 hrs
Due to: (1) Calcified aortic valves	20 yrs?
(2) Adhesive pericarditis	"
Due to: Arteriosclerotic heart disease	30 yrs?
Other conditions (Include pregnancy within 3 months of death): Anthracosilicosis of lungs. Benign Prostatic hypertrophy	

Major findings:
Of operations: Benign prostatic hypertrophy
Of autopsy: Acute heart failure & above findings

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? (Specify type of place)
While at work? (e) Means of injury O

23. Signature: David R. Oliver (M. D. or other) MD
Address: Barnes Hospital, Date signed 10-23-46

(Licensed Embalmer's Statement on Reverse Side)

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. Edwin A. McDermott

Licensed Embalmer No. 3024

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.