

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 0

FILED FEB 14 1947

Registration District No. 219

Primary Registration District No. 6076

Registrar's No. 277

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mt. St. Rose Sanitorium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 das.
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis, 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3644a California Ave. 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John James McLaughlin

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

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

6. (b) Name of husband or wife Louise 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 24 1891
(Month) (Day) (Year)

8. AGE: Years 55 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 Brewery Worker

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 John J. McLaughlin

(b) Address 3644a California Ave.

17. (a) Burial (b) Date thereof 2/8/47
(Burial, cremation, or removal) (Month) (Day) (Year)

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

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

(b) Address 2842 Meramec St.

19. (a) 2-10-47 (b) Ruth J. Allen MD
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6
year 1947 hour 3 minute 10 A. M.

21. I hereby certify that I attended the deceased from Feb. 2
1947, to Feb. 6 1947
that I last saw him alive on Feb. 6 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Far Adv. Pulmonary Th. bilateral at heart
Due to _____
Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Same

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

Other conditions _____

(Include pregnancy within 3 months of death)

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

23. Signature Masao Ohmoto (M. D. or other) _____

Address 9101 So. Broadway Date signed 2-6-47

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
2-14-47
2-11-47
Mrs. J. J.

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.....^{me}.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Joe S. Benz

Licensed Embalmer No. 4249

P. O. Address. 2842 Meramec St.

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.