

2-15
7-39
X47070

FILED MAY 29 1947
318

Registration District No. _____ Primary Registration District No. 1003 Registrar's No. 5100

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4830 Fountain Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

3. (a) PRINT FULL NAME Richard 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 Single

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

7. Birth date of deceased Sept. 18th. 1878
(Month) (Day) (Year)

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

68 8 I hr. _____ min.

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

10. Usual occupation Produce Employee

11. Industry or business _____

12. Name Eugene F. McLaughlin H

13. Birthplace Ireland 1
(State or foreign country)

14. Maiden name Elizabeth Flynn

15. Birthplace Jersey Isle Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mary J. McLaughlin
 (b) Address 4830 Fountain Ave.

17. (a) Burial (b) Date thereof 5/22/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Sullivan Funeral Dir
 (b) Address 2849 North Euclid Ave.

19. (a) MAY 21 1947 (b) J. F. Bruseek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 4830 Fountain Ave.,
12 (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 19th
 year 1947 hour 6.30 minute _____ A.M.

21. I hereby certify that I attended the deceased from 5-15-47 to 5-19-47
 that I last saw him alive on 5-19-47
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis
arteriosclerosis
hypertension
pulmonary congestion

Due to _____

Due to _____

Other conditions pulmonary congestion
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

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) (e) Means of injury

23. Signature W. J. Whelan (M. D. or other) _____
 Address 2803 Kingsbury Way St. Louis 20, Mo.

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

MOTHER FATHER

Dr. W.H. White

FO. I336

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.....

Robert L. Burkman

Licensed Embalmer No. 3553

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.