No. 2
—1/47
5-17-39

WHITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 26 1947

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 25815

Registrar's No. 6759

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: Mo. Baptist Hosp.
(If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County

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

(d) Street No.: 1505 Arlington Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME: Oswald C. Mc Lean

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: Emma F. Mc Lean

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

7. Birth date of deceased: 8 (Month) 11 (Day) 1887 (Year)

8. AGE: Years	Months	Days	If less than one day
59	11	7	hr. min.

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

10. Usual occupation: Cafe Manager

11. Industry or business: Hendrickson's

FATHER
12. Name: George Mc Lean
13. Birthplace: Kentucky
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hazel J. Combs
(b) Address: 1505 Arlington Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 7/21/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Valhalla Cemetery

18. (a) Signature of funeral director: Drehmann-Harral
(b) Address: 1905 Union Blvd.

19. (a) JUL 18 1947 (Date received by local registrar) (b) J. T. Brenneck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 18 year 1947 hour 6:40 minute A.M.

21. I hereby certify that I attended the deceased from July 14, 1947, to July 18, 1947; that I last saw him alive on July 18, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	7 dy.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

PHYSICIAN — Underline the cause of 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

23. Signature: W. S. Brown (M. D. or other)

Address: 3905 Olive Date signed: 7/18/47
W.S.BROWN

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

3903 Olive

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 Warren A. Carver

Licensed Embalmer No. 3534

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.