

V. S. No. 2  
100M-5-43  
Rev. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

26318

FILED JUL 23 1947

State File No. \_\_\_\_\_

Registration District No. 2

Primary Registration District No. 6076

Registrar's No. 1529

1. PLACE OF DEATH:  
(a) County St. Louis  
(b) City or town Overland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
8704-Olden Avenue  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 11-Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County St. Louis  
(c) City or town Overland  
(If outside city or town limits, write "RURAL")  
(d) Street No. 8704-Olden Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert McLean  
3. (b) If veteran, name war None 3. (c) Social Security No. None  
4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced W 2  
6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive Decd. years  
7. Birth date of deceased Dec 15 1859  
(Month) (Day) (Year)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 14  
year 1947 hour 5 minute 55 (A.M. or P.M.)  
21. I hereby certify that I attended the deceased from June 1  
1947, to July 17 1947;  
that I last saw him alive on July 12 1947;  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
87 6 29 hr. min.

Immediate cause of death Generalized arteriosclerosis  
Senility Duration 15 yrs  
Due to 97  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

9. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
10. Usual occupation Retired farmer

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

11. Industry or business \_\_\_\_\_  
12. Name Samuel McLean  
13. Birthplace Ireland  
(City, town, or county) (State or foreign country)  
14. Maiden name Jennie Smith  
15. Birthplace Ireland  
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Nichols  
(b) Address 8704-Olden Ave-Overland, Mo.  
17. (a) Removal (b) Date thereof 7-16-47  
(Burial, cremation, or removal) (Month) (Day), (Year)  
(c) Place: burial or cremation Greenfield, Ill.

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) (e) Means of injury \_\_\_\_\_

18. (a) Signature of funeral director Blummann Bros Inc.  
(b) Address 2504-Woodson Rd-Overland, Mo.  
19. (a) 7-17-47 (b) Carol A. Sharp  
(Date received local registrar) (Registrar's signature)

23. Signature S.P. Powell (M. D. or other) M.D.  
Address 2573 Woodson Rd - Overland Date signed July 15, 1947

(Licensed Embalmer's Statement on Reverse Side)

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

16  
13  
1

**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 *Don Marler*  
Licensed Embalmer No. *4430*  
P. O. Address *Coverland, 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.**