

FILED JUL 23 1947  
Registration District No. 2

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

26373

State File No.

Registrar's No. 1224

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town ARBOR TERRACE  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution Mother of Good Counsel Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 10 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Elizabeth McLain

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

4. Sex F. Color or race W.  
6. (a) Single, widowed, married, divorced.....  
6. (b) Name of husband or wife Joseph A. McLain  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased Unk. Unk. 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
85 Unk. Unk. hr. min.

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

10. Usual occupation At Home

11. Industry or business Charles Connors

12. Name Unknown

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

14. Maiden name Mary Jones

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

16. (a) Informant Joseph McLain

(b) Address 7226 St. Andrew Lane

17. (a) Burial (b) Date thereof 7-18-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) 7-17-47 (b) Cecil A. Haynes  
(Date received local registrar) (Registrar's signature)

23. Signature Sub B. Smith (M.D. or other)

Address 3734- Jennings Road. Date signed 7-15-

Jefferson City Printing Co. Licensed Embalmer's Statement on Reverse Side

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town Webster Groves  
(If outside city or town limits, write "RURAL")  
(d) Street No. 301 Reavis Place  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 15th.  
year 1947 hour 10 minute 30 a. M.

21. I hereby certify that I attended the deceased from 7-6-47  
1947 to 1947, 19.....

that I last saw her alive on 7-14- 19 47  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardio-vascular-renal disease.

Chr- Int-nephritis-Hypertension

Due to Uremic coma fed by nasal tube  
Heart damage, dilatation-block

Due to All senile changes entered  
Died in the Home of the Incurables

6825 Nat'l Bridge Rd  
St. Louis County 20 Mo.

Major findings:  
Of operations.....

Of autopsy.....

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?..... Years of injury.....

23. Signature Sub B. Smith (M.D. or other)

Address 3734- Jennings Road. Date signed 7-15-

1947

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

MOTHER-FATHER

3734 Jening Road

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 Stanley Marshall  
Licensed Embalmer No. 2868  
P. O. Address 3840 Lindell

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.