V. S. No. 2
0M—1/47
ev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 21 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29287

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 7666

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: 5874 Enright
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Ooo

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5874 Enright 4
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME MARY E McLAUGHLIN

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

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 July (Month) 1 (Day) 1864 (Year)

8. AGE: Years 83 Months 1 Days 10 If less than one day hr. min.

9. Birthplace Carlinville (City, town, or county) Ill. (State or foreign country)

10. Usual occupation None

11. Industry or business

FATHER
12. Name Owen McLaughlin
13. Birthplace (City, town, or county) Ireland (State or foreign country)

MOTHER
14. Maiden name Bridget Gallagher
15. Birthplace (City, town, or county) Ireland (State or foreign country)

16. (a) Informant Mae McLaughlin
(b) Address 5874 Enright

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 13 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Cullen Kelly
(b) Address 4386 Lindell

19. (a) Aug 12 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 11
year 1947 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Year 1945 45 to 8-11-1945 1947
that I last saw her alive on 8-8- 1947
and that death occurred on the date and hour stated above.

Duration

Immediate cause of death Uremia - Anasarca

Due to Heart block - (Heart)

Due to Hypertension - Generalized Arterio Sclerosis

Other conditions Extreme senility
(Include pregnancy within 3 months of death)
Blind about 10 yrs.

Major findings:
Of operations Old Hip fracture forgears Fell in home
Of autopsy None

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 0

23. Signature [signature] (M. D. or other)

Address 3734 Jennings Rd Date signed 8/11/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St Louis

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.