

7. S. No. 2  
DOM-5-43  
Rev. 5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **32768**  
Registrar's No. **9002**

FILED OCT 4 1947 318  
Registration District No.

Primary Registration District No.

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

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:  
Alexion Brothers Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Week  
(Specify whether years, months or days)

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. 3400 So. Grand Blvd.  
Little Sisters of the Poor (If care location) (Apr. 12, 1942)  
(e) Citizen of foreign country? No. (Yes or No)  
If 16 years of age, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Andrew R. McLean  
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 Mae  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 23 1865  
(Month) (Day) (Year)

8. AGE: Years 81 Months 9 Days 3  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Retired

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Andrew McLean

13. Birthplace Unknown (City, town, or county) (State or foreign country) 9

14. Maiden name Mary Jane English (City, town, or county) (State or foreign country) 9

15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Sister Ludivine

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (b) Date thereof Sept. 27, 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cemetery

18. (a) Signature of funeral director Gebken-Benz Mortuary

(b) Address 2842 Meramec St.

19. (a) SEP 26 1947 (b) J. F. Bredeck  
(Date received for recording) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26th  
year 1947 hour 2 minute \_\_\_\_\_ A.M.  
21. I hereby certify that I attended the deceased from 9-13-47  
\_\_\_\_\_, 19\_\_\_\_ to Sept-26- 1947  
that I last saw h. LM alive on Sept-25- 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Semility  
Cardio-Resp. failure  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Fracture Hip  
(Include pregnancy within 3 months of death)

Duration \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Fall in bed  
(b) Date of occurrence 9/13/1947  
(c) Where did injury occur? Bed Room Home (City or town) (County) (State) 000  
(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 \_\_\_\_\_  
23. Signature John P. Murphy (M.D. or other) 0  
Address 624 N Grand Date signed 9/26/47

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.....

*Joe S. Benz*  
Licensed Embalmer No. .... 4249

P. O. Address..... 2842 Meramec St.

**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.**