. S. No. 2
DM—1/47
rv. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39929

FILED DEC 15 1947

Registration District No. 318 | Primary Registration District No. 1003 | Registrar's No. 11241

1. PLACE OF DEATH:
(a) County
(b) City or town St.Louis,Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days (Specify whether years, months or days)
In this community 2 years

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. 418 Victor Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JOHN MCLOUGHLIN
3. (b) If veteran, name war W W #1
3. (c) Social Security No. 487-01-8145

4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased March 11, 1883 (Month) (Day) (Year)

8. AGE: Years 64 | Months 8 | Days 25 | If less than one day hr. min.

9. Birthplace New York state (City, town, or county) (State or foreign country)
10. Usual occupation Instructor
11. Industry or business Refrigeration School
FATHER 12. Name
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Ella McLoughlin
(b) Address 418 Victor Street
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-9-47 (Month) (Day) (Year)
(c) Place: burial or cremation Natl. Cem. Jeff. Bks. Mo.
18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) DEC 8 - 1947 (Date received local registrar) (b) J. F. Broaddus (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 6th year 1947 hour 12 minute 55 P. M.
21. I hereby certify that I attended the deceased from 12/4/47, 19..., to Dec. 6th 1947; that I last saw him alive on Dec. 6th 1947; and that death occurred on the date and hour stated above.

Duration

Immediate cause of death
Bronchopneumonia
Due to Cirrhosis of Liver
Due to Pass. Pulmonalis

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 Joseph E. Weldon (M. D. or other)
Address 1515 Lafayette Date signed

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

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

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 C W Cooper

Licensed Embalmer No. 5830

P. O. Address 2301 Lafayette

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.