

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3144

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: Jewish Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 1/2 Hour
In this community 1 Hour (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State. Illinois (b) County Macoupin 999
(c) City or town. Gillespie
(If outside city or town limits, write "RURAL")
(d) Street No. W.R.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME George McLaughen
3. (b) If veteran, name war.....
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 29th
year 1948 hour 8 minute 5 P.M.

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Laura McLaughen
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased September 7 1867
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 29 1948 to March 29 1948
that I last saw him alive on March 29 1948
and that death occurred on the date and hour stated above.
Duration

Immediate cause of death Cerebral hemorrhage 5 days

8. AGE: Years Months Days If less than one day
80 6 22 hr. min.

Due to Hypertensive and Arterio-sclerotic cardiac vascular disease 5 years
Due to

9. Birthplace Jersey County, Illinois
(City, town or county) (State or foreign country)

Other conditions Blind 90%
(Include pregnancy within 3 months of death)

10. Usual occupation Grocer Retired.
11. Industry or business Retail Grocery Store.

Major findings:
Of operations.....
Of autopsy.....
PHYSICIAN

12. Name Unknown Unknown
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Laura McLaughen
(b) Address Gillespie, Illinois

17. (a) Removal (b) Date thereof Apr 1 1948
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Alton, Illinois

18. (a) Signature of funeral director Robert J. Streep
(b) Address 2521 Edwards St. Alton, Ill.

19. (a) MAR 31 1948 (b) J. J. Michael
(Date received from registrar) (Registrar's signature)

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? Means of injury
23. Signature Lewis L. Lippmann (M. D. or other) M.D.
Address 8231 Clayton Rd Date signed 3/29/49

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

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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 _____ *Robert H. Steeper* _____
Licensed Embalmer No. *2474* _____
P. O. Address *Alton, Ill* _____

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.