

STANDARD CERTIFICATE OF DEATH

25022

FILED JUL 18 1950

State File No. _____
Registrar's No. **5864**

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|---|----------------------------------|---|--|--|---|---|---|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 5864 | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo | | | c. LENGTH OF STAY (In this place) 20 years | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | | 2059 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hospital | | | | d. STREET ADDRESS (If rural, give location) 5441 Cabanne Ave. | | | |
| 3. NAME OF DECEASED (Type or Print) Hanna T. McClain | | | a. (First) | b. (Middle) | 4. DATE OF DEATH (Month) (Day) (Year) July 6 1950 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow | | 8. DATE OF BIRTH Jan. 17, 1870 | | 9. AGE (In years last birthday) (Months) (Days) (Hours) (Min.) 80 | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY --- | | 11. BIRTHPLACE (State or foreign country) Sheridan, Indiana | | 12. CITIZEN OF WHAT COUNTRY? / | |
| 13a. FATHER'S NAME Henry J. Thistlewaite | | | 13b. MOTHER'S MAIDEN NAME Vesta Sims | | 14. NAME OF HUSBAND OR WIFE James Wright McClain (Dec'd) | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Vesta McClain 5441 Cabanne Ave | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Monocytic leukemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 year |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 2042 | | | |
| 22. I hereby certify that I attended the deceased from June 19, 1950 , to July 6, 1950 , that I last saw the deceased alive on July 5, 1950 , and that death occurred at 12:52 a.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Anthony B. Day (Degree or title) W.D. | | | | 23b. ADDRESS 3720 Washington | | 23c. DATE SIGNED 7:6:50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Crementation | | 24b. DATE July 7, 1950 | 24c. NAME OF CEMETERY OR CREMATORY Oak Grove | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | | |
| DATE REC'D BY LOCAL REG. JUL 7 1950 | | REGISTRAR'S SIGNATURE J. B. Pasater | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Alexander & Sons 6175 Delmar Blvd. | | |

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

5864

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.....

..... Student Embalmer No.

working under my personal supervision.

Signed *Jos. E. McCulloch*
.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2460

P. O. Address 2175 Dilmar

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.