

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 18 1950

State File No. 35080

318

1003

8199

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. 8199

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN St. Louis 2119

d. FULL NAME OF HOSPITAL OR INSTITUTION
Homer G. Phillips Hospital

e. STREET ADDRESS (If rural, give location)
4007 Enright Avenue

3. NAME OF DECEASED
(Type or Print)
a. (First) Warren
b. (Middle) _____
c. (Last) McLeary

4. DATE OF DEATH
(Month) (Day) (Year)
9 27 1950

5. SEX Male
6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)
Widower

8. DATE OF BIRTH
3/7/1885

9. AGE (In years last birthday) Months Days
65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
disabled vet.

10b. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country)
Humboldt, Tennessee

12. CITIZEN OF WHAT COUNTRY?
USA

13a. FATHER'S NAME
Calvin McLeary

13b. MOTHER'S MAIDEN NAME
Minnie Dunlap

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)
Yes WW I

16. SOCIAL SECURITY NO.
361-03-05635

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Willie Brooks, 4007 Enright Avenue

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive cardio vascular disease

ANTECEDENT CAUSES
DUE TO (b) Hypertensive Essential
DUE TO (c) Hypertensive Encephalopathy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
None

INTERVAL BETWEEN ONSET AND DEATH
Unknown

19a. DATE OF OPERATION _____

19b. MAJOR FINDINGS OF OPERATION
None

20. AUTOPSY?
YES NO

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) (Min.) _____

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?
3143X

22. I hereby certify that I attended the deceased from 9-5-50, 1950, to 9-27-50, 1950, that I last saw the deceased alive on 9-27-50, 1950, and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE
Alvin Thompson (Degree or title)
M. D.

23b. ADDRESS
2601 N. Whittier

23c. DATE SIGNED
9-27-50

24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24b. DATE _____

24c. NAME OF CEMETERY OR CREMATORY
National Cemetery

24d. LOCATION (City, town, or county) (State)
Jefferson Barracks, Mo

DATE REC'D BY LOCAL REG.
SEP 29 1950

REGISTRAR'S SIGNATURE
J. B. Lasater

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
Chas. J. Gates, 4107 Finney Avenue

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Thomas J. [Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. 4259

P. O. Address 4107 7th

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.