

FILED NOV 22 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39342

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 4465 Registrar's No. 22775

4001

WRITE PLAINLY—USING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY St Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill Village		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rock Hill Village 4631	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rock Hill quarry.		d. STREET ADDRESS (If rural, give location) 9216 Shortridge Dr.	

3. NAME OF DECEASED (Type or Print) Catherine R. McLaughlin	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) 11 17 1950
--	------------	-------------	-----------	---

5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-31-1896	9. AGE (In years last birthday) 54	IF UNDER 1 YEAR: Days 0 Hours 16	IF UNDER 1 MIN. Hours 0 Min. 16
-----------------	---------------------------	---	------------------------------------	---	--	---

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) Manchester, Mo.	12. CITIZEN OF WHAT COUNTRY?
--	-----------------------------------	--	------------------------------

13a. FATHER'S NAME John G. Marcus	13b. MOTHER'S MAIDEN NAME Mary Butler	14. NAME OF HUSBAND OR WIFE Thomas F. Mc Laughlin
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Thomas F. McLaughlin	ADDRESS Rock Hill Mo. 9216 Shortridge
---	-------------------------	---	--

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, assthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 8975X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) drowning - jumped into Rock Hill quarry.		
	ANTECEDENT CAUSES DUE TO (b) _____ <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
	DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) quarry	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rock Hill, St. Louis, Mo.
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 10 30 50 A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? see above
--	---	---

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Arnold Willmann (Degree or title) 3 Coroner	23b. ADDRESS Clayton, Mo.	23c. DATE SIGNED 11/18/50
--	----------------------------------	----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 11-20-1950	24c. NAME OF CEMETERY OR CREMATORY St Josephs Cemetery	24d. LOCATION (City, town, or county) (State) Manchester, Mo.
---	-----------------------------	---	--

DATE REC'D BY LOCAL REG. 11/18/50	REGISTRAR'S SIGNATURE Herbert R. Tomke MD	25. FUNERAL DIRECTOR'S SIGNATURE Louis H. Bopp, Inc.	ADDRESS Kirkwood, Mo.
--	--	---	------------------------------

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 _____

Not embalmed
working under my personal supervision.

Student Embalmer No.

Signed _____

Signed _____
Student Embalmer

Licensed Embalmer No.

P. O. Address _____

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.