

FILED JAN 13 1951

STANDARD CERTIFICATE OF DEATH

State File No. **42558**
Registrar's No. **11075**

BIRTH NO. 03925-50 REG. DIST. NO. 318 PRIMARY REG. DIST. 1002

| | | | | | |
|---|----------------------------------|--|---|--|---|
| 1. PLACE OF DEATH a. COUNTY <u>0</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | d. STREET ADDRESS (If rural, give location) <u>5503 Wells Ave.</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hospital</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Timothy</u> b. (Middle) <u>T.</u> c. (Last) <u>McLaurin</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 24 1950</u> | | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>Dec. 23 1950</u> | 9. AGE (In years last birthday) <u>10</u> | IF UNDER 1 YEAR Months Days |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>0</u> |

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|---|--|---|--|-----------------------------|--|
| 13a. FATHER'S NAME <u>Theron W. McLaurin</u> | | 13b. MOTHER'S MAIDEN NAME <u>Aurelia</u> | | 14. NAME OF HUSBAND OR WIFE | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Theron McLaurin; 5503 Wells Ave.</u> | | |

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|--|--|---|--|----------------------------------|--|
| 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> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity (6 1/2 months)</u> | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | 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. | | | |

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|--|--|--|--|---|--|
| 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) | | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>776X</u> | |

22. I hereby certify that I attended the deceased from 12-23, 1950, to 12-24, 1950, that I last saw the deceased alive on 12-23, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

| | | | | | | | |
|--|--|--|--|--|--|---|--|
| 23a. SIGNATURE <u>John E. Egly</u> | | (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>634 North Grand St. St. Louis Mo.</u> | | 23c. DATE SIGNED <u>12/26/50</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | | 24b. DATE <u>12/27/50</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Calvary</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u> | |
| DATE REC'D BY LOCAL AGEN. <u>DEC 20 1950</u> | | REGISTRAR'S SIGNATURE <u>J. B. Carter</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Drehmann-Harral; 1905 Union Blvd.</u> | | | |

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

Dr. L. E. Egley;
634 N. Grand;

(1-32)

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 Albert R. Thompson

Signed.....
Student Embalmer

Licensed Embalmer No. 42037

P. O. Address. St. Louis

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.