

THE DIVISION OF HEALTH OF MISSOURI

FILED JAN 19 1951

STANDARD CERTIFICATE OF DEATH

1003

State File No. 2754

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. _____		Registrar's No. <b>34</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE <b>Missouri</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis Mo</b> )		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis</b>		<b>2019</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>City Hosp # 1</b>				STREET ADDRESS (If rural, give location) <b>5715 S Broadway</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>ALONZO</b>		b. (Middle) <b>PAUL</b>		c. (Last) <b>McCLAIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-1-1951</b>	
5. SEX <b>Male ( )</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>2-23-1928</b>	
9. AGE (In years last birthday) <b>22</b>		IF UNDER 1 YEAR Months <b>10</b> Days <b>8</b>		IF UNDER 12 HRS. Hours <b>8</b> Min. _____		11. BIRTHPLACE (State or foreign country) <b>St. Louis Mo ( )</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Union Elec Co</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Alonzo T McClain</b>			13b. MOTHER'S MAIDEN NAME <b>Salome Schmitz</b>			14. NAME OF HUSBAND OR WIFE <b>Shirley Knocke</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Navy</b>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Alonzo T McClain 2601 Michigan</b>		
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.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Fr of skull; Subdural hemorrhage</b> ANTECEDENT CAUSES <b>suffered when ear operated bef</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b> <b>after Val Oflinger went out of central on 12th Street. Headset</b> DUE TO <b>striking lamp post about 3:30 am</b> II. OTHER SIGNIFICANT CONDITIONS <b>Jan 1 1951</b> Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>Accident</b>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <b>Street</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>St Louis Mo</b>		21f. HOW DID INJURY OCCUR? <b>6-8 1/2 3/4</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Jan 1 5:30 AM</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>8:25 AM</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>Patrick E. Taylor</b> (Degree or title) <b>Coroner</b>				23b. ADDRESS <b>31300 Clark</b>		23c. DATE SIGNED <b>1-3-51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>15 5-1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo</b>	
DATE REC'D BY LOCAL REG. <b>JAN 3 1951</b>		REGISTRAR'S SIGNATURE <b>J. B. Luster</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>WINGBERMUEHLE 3819S GRAND Blvd</b>			

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

FEB 27 1951

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.

Student \_\_\_\_\_  
Student Embalmer

Signed George J. Angerminelli  
Licensed Embalmer No. 4611

P. O. Address St. Louis, Mo

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.