

FILED MAR 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6398
1450

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. 1003 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE		b. COUNTY	
b. CITY OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>723 Kirkwood</u>		<u>St. Louis</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS <u>2411 West Big Bend Road</u>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>BESSIE J McLAUGHLIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>February 10, 1951</u>		
5. SEX <u>P</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>	
8. DATE OF BIRTH <u>Nov. 5, 1890</u>		9. AGE (In years last birthday) <u>60</u>		10. IF UNDER 1 YEAR Months Days 11. IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House-wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>		11. BIRTHPLACE (State or foreign country) <u>Festus, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>James Vinyard</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Smetzer</u>	
14. NAME OF HUSBAND OR WIFE <u>Allen W.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME <u>Allen W. McLaughlin</u>		18. ADDRESS <u>2411 W. Big Bend Rd.</u>		19. MEDICAL CERTIFICATION	
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Hypertensive C-V disease</u>		<u>Enditem</u>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H H B X</u>	
22. I hereby certify that I attended the deceased from <u>Feb 10, 1951</u> , to <u>Feb 19, 1951</u> , that I last saw the deceased alive on <u>Feb 10, 1951</u> , and that death occurred at <u>10:2</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>W. M. McLaughlin</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>634 W. Grand</u>	
23c. DATE SIGNED <u>2/11/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Cremaion</u>		24b. DATE <u>2-13-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Chapel of Memories</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis County, Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin's</u>	
25. ADDRESS <u>2301 Lafayette Avenue</u>		DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>J. B. Laska</u>		FEB 13 1951	

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

M.L.

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..... *L. P. Cooper*

Signed.....
Student Embalmer

Licensed Embalmer No. *3633*

P. O. Address *2301 Lafayette St*

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.