

FILED JUL 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25669

Date File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>2444</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis 4031</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____					
b. CITY OR TOWN <u>Pinckney Lawn Mo.</u>		c. LENGTH OF STAY (in this place) <u>1 wk.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis 2099</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shamrock Nurseing Home</u>				d. STREET ADDRESS (If rural, give location) <u>5322 Emily St. 1</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Ellen</u>			b. (Middle) _____		c. (Last) <u>McLaughlin</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>June 17 1951</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Dec. 31, 1876</u>		9. AGE (In years last birthday) <u>74</u> IF UNDER 1 YEAR Months _____ Days _____ IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James Gray</u>			13b. MOTHER'S MAIDEN NAME <u>Alice Grady</u>			14. NAME OF HUSBAND OR WIFE <u>Harry McLaughlin</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Alice McLaughlin 5322 Emily St.</u>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u> ANTECEDENT CAUSES <u>Atherosclerosis</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>None</u> Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>9-12-48</u> <u>9-12-48</u>	
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) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>May 1, 1951</u> , to <u>June 17, 1951</u> , that I last saw the deceased alive on <u>June 17, 1951</u> , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Wendell G. Gums M.D.</u> (Degree or title)			23b. ADDRESS <u>3802 N. Grand Blvd</u>			23c. DATE SIGNED <u>6-18-51</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-21-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cem</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo.</u>			
DATE REC'D BY LOCAL REG. <u>6-18-51</u>		REGISTRAR'S SIGNATURE <u>Hubert P. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Street & Carroll</u>		ADDRESS <u>4600 Natural Bridge</u>			

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 me

working under my personal supervision.

Student Embalmer No.

Signed

[Handwritten Signature]

Signed.....

Student Embalmer

Licensed Embalmer No. 4699

P. O. Address. St Charles 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.