

FILED AUG 15 1952

STANDARD CERTIFICATE OF DEATH

29751  
State File No. \_\_\_\_\_  
Registrar's No. 4915

BIRTH NO. 32413 REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2137	
c. LENGTH OF STAY (in this place) 2Hrs 47M		d. STREET ADDRESS (If rural, give location) 13 2010 Hereford	
d. FULL NAME OF HOSPITAL OR INSTITUTION Firmin Desloge Hospt.			
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) John c. (Last) McClain		4. DATE OF DEATH (Month) (Day) (Year) May 27 1952	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 27 1952
9. AGE (In years last birthday) 2		10. UNDER 1 YEAR Months Days 47	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME William McClain		13b. MOTHER'S MAIDEN NAME Lucille Weis	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. McClain 2010 Hereford
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) Premature rupt of membranes ANTECEDENT CAUSES Premature labor & delivery Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Premature labor & delivery DUE TO (c) Premature infant about 6 mo. 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 type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo. B	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 7615	
22. I hereby certify that I attended the deceased from delivery to 19, to 19, that I last saw the deceased alive on 19, and that death occurred at 5:50P m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) De Witt McInerney MD		23b. ADDRESS 630 N. Grand	23c. DATE SIGNED 8/8/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 29 1952	24c. NAME OF CEMETERY OR CREMATORY Calvary Cem.	24d. LOCATION (City, town, or county) (State) St. Louis Mo.
DATE REC'D BY LOCAL REG. 5-28-52	REGISTRAR'S SIGNATURE J. Carl Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. W. Clark 1125 Hodiamont Ave	

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

20090

Dr. Dalton Hartnett  
Mo. The. Bldg.  
Je. 6446

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

*No Embalming*

Signed

*Alfred J. Boescher*

Licensed Embalmer No. *2663*

P. O. Address

*1125 Hodiamont*

Notes: 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.