No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
## STANDARD CERTIFICATE OF DEATH

State File No. 40484

FILED DEC 12 1952

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10847

**1. PLACE OF DEATH**
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. Louis
c. LENGTH OF STAY (In this place): 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6019a Horton Pl.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis
d. STREET ADDRESS (If rural, give location): 6019a Horton Pl.

**3. NAME OF DECEASED** (Type or Print)
a. (First): THOMAS
b. (Middle): H.
c. (Last): McKEAN

**4. DATE OF DEATH** (Month) (Day) (Year): Nov. 24, 1952

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: Dec. 7, 1873
**9. AGE** (In years last birthday): 78 — If under 1 year: Months 11, Days 17 — If under 24 hrs.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Salesman
**10b. KIND OF BUSINESS OR INDUSTRY**: Retired
**11. BIRTHPLACE** (City and State or Foreign Country): Fletcher, Missouri
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Stephen McKean
**13b. MOTHER'S MAIDEN NAME**: Ann Merceal
**14. NAME OF HUSBAND OR WIFE**: Emma Jane McKean

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): No — (If yes, give war or dates of service): No
**16. SOCIAL SECURITY NO.**: None
**17. INFORMANT'S SIGNATURE OR NAME — ADDRESS**: Clarence McKean, 3920a Chippewa, St. Louis

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — Interval between onset and death: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Endocarditis — 2 years
DUE TO (c) Hypertension — 2 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis — 2 years

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☐

**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 ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**: 331X

22. *I hereby certify that I attended the deceased from* 12-25, 1949, *to* Nov. 24, 1952, *that I last saw the deceased alive on* Nov. 23, 1952, *and that death occurred at* 11 a.m., *from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or Title): Gustave Rohus MD
**23b. ADDRESS**: 1452 So Grand
**23c. DATE SIGNED**: 11-20-52

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: Nov. 26, 1952
**24c. NAME OF CEMETERY OR CREMATORY**: Woodlawn Cemetery
**24d. LOCATION** (City, town, or county) (State): DeSota, Missouri

DATE REC'D BY LOCAL REG.: NOV 25 1952
REGISTRAR'S SIGNATURE: J. Carl Smith MD
MJB

**25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS**: McLaughlin Funeral Home, 2301 Lafayette

(Licensed Embalmer's Statement on Reverse Side)

## 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 James R. Chapman

Licensed Embalmer No. 4550

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.