

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37401

FILED OCT 23 1953

State File No. \_\_\_\_\_  
Registrar's No. **9891**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		State File No. _____		Registrar's No. <b>9891</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</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>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>449 DOVER PLACE</b>				d. STREET ADDRESS (If rural, give location) <b>449 DOVER PLACE</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>GERTRUDE</b>			b. (Middle) <b>MARY</b>			c. (Last) <b>MCLAUGHLIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>OCT. 16, 1953</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED</b>		8. DATE OF BIRTH <b>NOV. 6, 1893</b>		9. AGE (In years last birthday) <b>59</b>		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) <b>HOUSEWORK</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>AT HOME</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>ST. LOUIS, MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13a. FATHER'S NAME <b>TERRANCE MCLAUGHLIN</b>				13b. MOTHER'S MAIDEN NAME <b>MARY CROSBY</b>			14. NAME OF HUSBAND OR WIFE <b>NONE</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>				16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>JOSEPH A. MCLAUGHLIN 449 DOVER PL. ST. LOU</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Heart block</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Auricular fibrillation</b>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <b>5 minute</b>  <b>6 months</b>	
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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21f. HOW DID INJURY OCCUR? <b>4331</b>						
22. I hereby certify that I attended the deceased from <b>9-9-53</b> , to <b>10-16</b> , 19 <b>53</b> that I last saw the deceased alive on <b>10-16</b> , 19 <b>53</b> , and that death occurred at <b>6 A.</b> m., from the causes and on the date stated above.											
23a. SIGNATURE <i>[Signature]</i> (Degree or title) <b>M.D.</b>				23b. ADDRESS <b>3739 Gravois</b>				23c. DATE SIGNED <b>10-16-53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>OCT. 19, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MT. OLIVE CEMETERY</b>		24d. LOCATION (City, town, or county) (State) <b>MT. OLIVE &amp; LEMAY FERRY RDS.</b>					
DATE REC'D BY LOCAL REG. <b>OCT 16 1953</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>C. HOFFMEISTER U. &amp; L. CO. 211 SO. BROADWAY ST. LOUIS, MISSOURI</b>						

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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Linus C. Hoffmeyer* .....

Licensed Embalmer No. 3871 .....

P. O. Address 7414 S Broadway .....

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.