

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40807**

FILED NOV 27 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **10942**

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | |
| b. CITY (If outside corporate limits, write RURAL and give town or township) ST. LOUIS, MISSOURI | | c. LENGTH OF STAY (in this place) | c. CITY OR TOWN St. Louis, Mo. |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. LOUIS CITY HOSPITAL | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or Print) CHARLES | | a. (First) CHARLES | b. (Middle) -- |
| c. (Last) MCCLAIN | | 4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 16, 1953 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH Jan. 5, 1879 |
| 9. AGE (In years last birthday) 74 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | 11. BIRTHPLACE (City and State or Foreign Country) Missouri. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY Mo. Pacific R.R. | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |
| 13a. FATHER'S NAME Thomas McClain | | 13b. MOTHER'S MAIDEN NAME Liza Ann Hunter | 14. NAME OF HUSBAND OR WIFE Jane McClain |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Nil. | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Russel Wyatt, 2323 University |
| 18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate | | INTERVAL BETWEEN ONSET AND DEATH | |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) _____ | |
| 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 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? 177X | |
| 22. I hereby certify that I attended the deceased from 10-27-53 , 19____, to 11-16-53 , 19____, that I last saw the deceased alive on 11-16-53 , 19____, and that death occurred at 3:35P m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE [Signature] (Degree or title) | | 23b. ADDRESS 1515 Lafayette Avenue | 23c. DATE SIGNED 11-17-53 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE 11-17-53 | 24c. NAME OF CEMETERY OR CREMATORY Catholic Cemetery | 24d. LOCATION (City, town, or county) (State) Evansville, Illinois. |
| DATE REC'D BY LOCAL REG. NOV 17 1953 | REGISTRAR'S SIGNATURE [Signature] | 25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe ADDRESS 4700 Washington. | |

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.....
Signature of Student Embalmer

Signed *Robert M. Murray*

Licensed Embalmer No. *3749*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
*If this body is not embalmed, fact should be so stated above.