

FILED NOV 22 1954

STANDARD CERTIFICATE OF DEATH

State File No. **38995**
Registrar's No. **8697**

BIRTH NO. _____ 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 St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis		c. CITY OR TOWN Webster Groves	d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place)		e. STREET ADDRESS (If rural, give location) 729 Newport	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Deaconess Hospital			

3. NAME OF DECEASED. (Type or Print)	a. (First) Andrew	b. (Middle) Bruce	c. (Last) McLean Sr.	4. DATE OF DEATH Sept. 22, 1954
---	--------------------------	--------------------------	-----------------------------	---

5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb. 16, 1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
--------------------	------------------------------	--	--	---	---------------------------	--------------------------	--------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Insurance agent	10b. KIND OF BUSINESS OR INDUSTRY General Insurance	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
---	---	--	--

13a. FATHER'S NAME Alexander McLean	13b. MOTHER'S MAIDEN NAME Rilla Darns	14. NAME OF HUSBAND OR WIFE Hardena McLean (nee Carrico)
---	---	--

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. 496-30-9963	17. INFORMANT'S SIGNATURE OR NAME Bruce McLean, 729 Newport, Webster Groves	ADDRESS
---	---	---	---------

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		INTERVAL BETWEEN ONSET AND DEATH 1 month
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		3 yrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cirrhosis of Liver		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Analized, Arteriosclerosis		unknown	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION Semlity	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 5810
---	--	--

22. I hereby certify that I attended the deceased from **June 19, 1957** to **22-Sept, 1957**, that I last saw the deceased alive **21-Sept, 1957**, and that death occurred at **7:20 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE George H. Gullgett MD	(Degree or title)	23b. ADDRESS 4501 Manchester	23c. DATE SIGNED 22/Sept/57
--	-------------------	--	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Sept. 24, 1957	24c. NAME OF CEMETERY OR CREMATORY Fee Fee Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.
---	------------------------------------	---	---

DATE REC'D BY LOCAL REG. SEP 23 1954	REGISTRAR'S SIGNATURE Charles Smith MD	25. FUNERAL DIRECTOR'S SIGNATURE G. Hoffmeister	ADDRESS Colonial Mortuary, Chippewa
--	--	---	---

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 *Louis C. Hoffmann*.....

Licensed Embalmer No. *387*.....

P. O. Address *7814 Sp...*.....

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.