

FILED SEP 29 1955

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31192

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7558**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE		b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give name of township) <i>St. Louis, Mo.</i>		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN <i>St. Louis, Mo.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5342 St. Louis.</i>		f. STREET ADDRESS (If rural, give location) <i>5342 St. Louis, Mo.</i>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) MARGARET McLAUGHLIN.			4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 28, 1955.</i>		
5. SEX <i>F</i>		6. COLOR OR RACE <i>W.</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <i>Nov. 3, 1878.</i>		9. AGE (years) (Months) (Days) (Hours) (Min.) <i>76</i>		10a. USUAL OCCUPATION (State kind of work) <i>Housework</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>St. Louis, Mo.</i>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <i>Michael McLaughlin</i>		13b. MOTHER'S MAIDEN NAME <i>Margaret Crowley</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN ARMED FORCES? (Yes, or unknown) (If yes, give war or date of service) <i>None</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Florence Kelly</i>	
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) <i>Abdominal Ca type 2</i> 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.			INTERVAL BETWEEN ONSET AND DEATH <i>2-3 mo</i>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jun 19 55</i> , to <i>Aug 28</i> , 19 <i>55</i> , that I last saw the deceased alive on <i>Aug 26</i> , 19 <i>55</i> , and that death occurred at <i>8:15</i> a.m., from the causes and on the date stated above.					
23a. SIGNATURE <i>M. Kimbama</i>		(Degree or title)		23b. ADDRESS <i>2906 Union</i>	
23c. DATE SIGNED <i>8-29-55</i>		24. BURLIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>Aug. 30, 1955</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>Calvary</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>		DATE REC'D BY LOCAL REG. <i>AUG 29 1955</i>	
25. FISHERS DIRECTOR'S SIGNATURE <i>Carl Smith</i>		ADDRESS <i>1389 Lincoln</i>		25. FISHERS DIRECTOR'S SIGNATURE <i>J. J. Quinn</i>	

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 *Bill C. Branson*

Licensed Embalmer No. *476*

P. O. Address *St. Louis*

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.