V.S. No. 300
REV. 10.48

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

C

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED SEP 7 1956

State File No. 28803

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7694

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): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Country Club Hills 4140
d. STREET ADDRESS (If rural, give location): 7409 Chandler Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ann
c. (Last): McLaughlin

4. DATE OF DEATH (Month) (Day) (Year): August 17 1956

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 22, 1897
9. AGE (In years last birthday): 59 — 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): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (City and State or Foreign Country): St. Louis, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Peter Cento
13b. MOTHER'S MAIDEN NAME: Angeline Impellizzeri
14. NAME OF HUSBAND OR WIFE: Francis T. McLaughlin (Decease

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Mr. Russell Howard, 7409 Chandler Ave

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 — Myocardial infarction

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

(AURICULAR FIBRILLATION) auricular fibrillation

DUE TO (b) ARTERIOSCLEROTIC HT. DISEASE — Arteriosclerotic heart dis. 5 YR.

Emphysema (acute cor-pulmonale)

DUE TO (c) EMPHYSEMA (ACUTE COR PULMONALE) — 5 YR.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ASTHMA, BRONCHIAL, INTRINSIC — Asthma, Bronchial intrinsic

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 4200
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?

22. *I hereby certify that I attended the deceased from* 16 AUG, 1956, to 16 AUG, 1956, *that I last saw the deceased alive on* 16 AUG, 1956, *and that death occurred at* 11:05 P.M. 8-18-56 *from the causes and on the date stated above.*

23a. SIGNATURE: Jas. F. Nickel M.D. — (Degree or title): M.D.
23b. ADDRESS: 4952 Maryland — 4952 MARYLAND AVE
23c. DATE SIGNED: 18 AUG 56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug 21 1956
24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery
24d. LOCATION (City, town, or county) (State): St. Louis Missouri

DATE REC'D BY LOCAL REG.: AUG 20 1956
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Math Hermann & Son, Inc., 2161 E. Fair Av

(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 Clement McKeany

Licensed Embalmer No. 3732

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 this body is not embalmed, fact should be so stated above.