

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1957

Registration District No. 318 Primary Registration District No. 1003

STATE FILE NUMBER

19013

Registrar's No. 4723

|   |                                  |   |   |  |   |
|---|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |                                  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>1803 Pine St. residence</b>  |                                  | Length of stay in 1b  | d. STREET<br>ADDRESS <b>1803 Pine Street</b>  |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print)<br>First Middle Last<br><b>FLORENCE V. McLEAN</b>  |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>5 19 1957</b>  |  |   |
| 5. SEX<br><b>female</b>   | 6. COLOR OR RACE<br><b>white</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>Dec. 22, 1866</b>  | 9. AGE (In years last birthday) <b>90</b><br>IF UNDER 1 YEAR<br>Months Days Hours Min. |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>at home</b>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><b>Boston, Massachusetts</b>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13. FATHER'S NAME<br><b>Elisha Hopkins</b>  |                                  |   | 14. MOTHER'S MAIDEN NAME<br><b>Jane Nettles.</b>  |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>no</b>   |                                  | 16. SOCIAL SECURITY NO.<br><b>unknown</b>   | 17. INFORMANT Address<br><b>Mary Froebel-4907 Maryland Avenue</b>   |  |   |
| 18. CAUSE OF DEATH [Enter only one cause definite for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b><br><b>Hypertension</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) |                                  |   |   |  | INTERVAL BETWEEN ONSET AND DEATH  |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>   |                                  |   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)<br><b>420.1</b>                |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |                                  |   |   |  |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |                                  | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)   | 20f. CITY, TOWN, OR LOCATION  |  | COUNTY STATE  |
| 21. I attended the deceased from _____ to _____ and last saw her/him alive on _____<br>Death occurred at <b>1:55 P.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.  |                                  |   |   |  |   |
| 22a. SIGNATURE <b>Patrick B. Taylor</b> (Deputy or title)<br><b>Coroner</b>   |                                  |   | 22b. ADDRESS <b>1300 Clark</b>  |  | 22c. DATE SIGNED<br><b>3/20/57</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |                                  | 23b. DATE<br><b>5-21-57</b>   | 23c. NAME OF CEMETERY OR CREMATORY  |  | 23d. LOCATION (City, town, or county) (State)<br><b>Somerville, Massachusetts</b>     |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>C. R. Lupton &amp; Sons-7233 Delmar</b>  |                                  |   | 25. DATE RECD. BY LOCAL REG.<br><b>MAY 20 '57</b>   |  | 26. REGISTRAR'S SIGNATURE<br><b>Richard Smith mo</b>                                  |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

10-11-1901

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 *Clarence H. Murr*

Licensed Embalmer No. *40*

P. O. Address *H. La...*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.