

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008279
STATE FILE NUMBER

FILED FEB 28 1958

Registration District No. 317

Primary Registration District No. 590

Registrar's No. 390

1. PLACE OF DEATH a. COUNTY St. Louis			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis - Wellston		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Evanston		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Vincent's Hospital		Length of stay in lb 8 mos.	d. STREET ADDRESS 422 Davis		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Loretta Middle Agnes Last McLain			4. DATE OF DEATH Month Feb. Day 8, Year 1958		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 19, 1889	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 3 Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Matron		10b. KIND OF BUSINESS OR INDUSTRY Hotel	11. BIRTHPLACE (City and state or country) Chicago, Illinois		12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME Thomas McLain		13b. MOTHER'S MAIDEN NAME Mary McCarter		14. NAME OF HUSBAND OR WIFE None	
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. Unknown	17. INFORMANT Address 2233 N. Kenmore Rev. Thomas Barrett, Nephew, Chicago, Ill.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH CAUSED BY: Stroke due to Brain Atrophy Secondary to hemorrhage in old lobectomy (bilateral) Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) Stroke due to Brain Atrophy DUE TO (c) old lobectomy (bilateral) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) E 956X					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.) 46			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED 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 333 COUNTY STATE		
21. I attended the deceased from May 24, 1956 to Feb. 8, 1958 and last saw her/him alive on Feb. 8, 1958 Death occurred at 11:15 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE T.E. Keetels (Degree or title) M.D.		22b. ADDRESS 7301 St. Charles Rock Rd.		22c. DATE SIGNED 2/8/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 12, 1958	23c. NAME OF CEMETERY OR CREMATORY All Saints Cemetery		23d. LOCATION (City, town, or county) (State) Des Plaines Ill.	
24. FUNERAL DIRECTOR Helena Kelly		ADDRESS 7267 Natural Bridge		25. DATE RECD. BY LOCAL REG. 2/9/58	26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D. JN

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *James A. Lammee*

Licensed Embalmer No. *4142*

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.