

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012013

FILED MAR 19 1958

State File No.

318

1003

2724

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>01 6830 Waldemar Ave</u>				e. STREET ADDRESS (If rural, give location) <u>6830 Waldemar Ave.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Sally</u>		b. (Middle) <u>May</u>		c. (Last) <u>McLauder</u>	
4. DATE OF DEATH		(Month) <u>March</u>		(Day) <u>4</u>		(Year) <u>1958</u>	
5. SEX <u>Female</u>		6. COLOR OF SKIN <u>White</u>		7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH	
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 1 HRS. Hours _____ Min. _____		10. BIRTHPLACE (City and State or Foreign Country) <u>Corning Arkansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sales Lady</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. CITIZEN OF WHAT COUNTRY? _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME _____		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Art O. McLauder</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. <u>489-34-364</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanch Cleford</u>		ADDRESS <u>5211 Washington</u>		18. CAUSE OF DEATH	
18. Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY INFARCT</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 hr.</u>	
ANTECEDENT CAUSES Morbidity 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. <u>420.1</u>				19. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? _____	
22. I hereby certify that I attended the deceased from <u>Feb 21</u> , 19 <u>58</u> to <u>MAR 4</u> , 19 <u>58</u> that I last saw the deceased alive on <u>MAR 2nd</u> , 19 <u>58</u> and that death occurred at <u>11:00 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. J. Michael MD</u>		(Degree or title) _____		23b. ADDRESS <u>812 Olive St. Louis</u>		23c. DATE SIGNED <u>3-6-58</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>March 7, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cem. St. Louis</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL _____		MAR 7 '58		REGISTRAR'S SIGNATURE <u>Carl Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bull-Campbell</u> ADDRESS _____	

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 *John S. Deane*
Licensed Embalmer No. *719*
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.