

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015381

STATE FILE NUMBER  
2 3196

FILED APR 20 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

Registrar No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Illinois</u> b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis, Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Chicago</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Homer G. Phillips Hosp.</u>		Length of stay in 1b <u>0</u>	d. STREET ADDRESS <u>6441 So. Langley Ave.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Albert Maclin</u>			4. DATE OF DEATH Month Day Year <u>3 30 1959</u>		
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 15, 1911</u>		9. AGE (In years last birthday) <u>47</u> 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) <u>Crystalizer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Argo, Ill</u> <u>Argo Starch Co</u>		11. BIRTHPLACE (City and state or country) <u>Jackson, Tennessee</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>Littlefield Maclin</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Myra Maclin</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> <u>none</u>		16. SOCIAL SECURITY NO. <u>Unk.</u>	17. INFORMANT Address <u>Myra Maclin 6441 S. Langley Ave Chicago, Ill</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>331X</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I ( ) <u>OBESITY</u>					INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u> <u>1 year</u>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
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 COUNTY STATE	
21. I attended the deceased from <u>3/28/59</u> to <u>3/30/59</u> and last saw <sup>her</sup> / <sub>him</sub> alive on <u>3/30/59</u> Death occurred at <u>2:05 P.</u> m on the date stated above; and to the best of my knowledge, from the cause stated.					
22a. SIGNATURE (Degree or title) <u>R. Williams, M.D.</u>			22b. ADDRESS <u>4701 A St. Louis Ave.</u>		22c. DATE SIGNED <u>3/31/59</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal (C.R.)</u>		23b. DATE <u>3/31/59</u>		23c. NAME OF CEMETERY OR CREMATORY	
24. FUNERAL DIRECTOR <u>C.W. Roberts Und. Co</u>		ADDRESS <u>1416 N. Taylor Ave</u>		23d. LOCATION (City, town, or county) (State) <u>Chicago, Ill</u>	
25. DATE RECD. BY LOCAL REG. <u>MAR 31 '59</u>			26. REGISTRAR'S SIGNATURE <u>Keaf Smith, M.D.</u> <u>MDB</u>		

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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. Carter

Licensed Embalmer No. 4681  
P. O. Address St. Louis, Mo

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.