Health, & Welfare Public Service

S. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-016070
STATE FILE NUMBER 965

FILED APR 20 1959 Registration District No. 317 Primary Registration District No. 541 Registrar's No. 965

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton — Inside Limits Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis County Hosp. D.O.A. — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Jennings 4148 — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 5315 Jennings Road — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First JOHN Middle L. Last McLAIRD
4. DATE OF DEATH Month April Day 8, Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH July 10, 1899
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) Retired - Printer
10b. KIND OF BUSINESS OR INDUSTRY St. Louis Post Disp.
11. BIRTHPLACE (City and state or country) Bloomfield, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME MILES McLAIRD ~~Unknown~~
13b. MOTHER'S MAIDEN NAME Amanda Hill
14. NAME OF HUSBAND OR WIFE Della McLaird
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) 1st. W.W.
16. SOCIAL SECURITY NO. 492-09-6980
17. INFORMANT Address Mrs. Della McLaird - 5315 Jennings Road

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Penetrating gunshot wound of head with severe brain damage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 976X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] SUICIDE [X] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Self inflicted gunshot wound of head
20c. TIME OF INJURY Hour ~~XXX~~ p.m. 5:00 Month Day Year 4/8/59 approx.
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) garage to rear of home
20f. CITY, TOWN, OR LOCATION Jennings COUNTY St. Louis STATE Missouri

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [signature] (Degree or title) Coroner
22b. ADDRESS Clayton, Mo.
22c. DATE SIGNED 4/14/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE April 11, 1959
23c. NAME OF CEMETERY OR CREMATORY Zion Cemetery
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri

24. FUNERAL DIRECTOR Math Hermann & Son, Inc. ADDRESS 2161 E. Fair
25. DATE RECD. BY LOCAL REG. 4-9-59
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(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 .....
Signature of Student Embalmer

Signed Clement McMeany

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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