

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-008555

FILED VS MAR 7 1960

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STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Christian Hospital</i> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Christian Hospital</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY _____ c. CITY OR TOWN <i>St. Louis</i> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <i>5572 Glenmont</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <i>Echel</i> Middle <i>S.</i> Last <i>McLelland</i>		4. DATE OF DEATH Month <i>Feb</i> Day <i>19</i> Year <i>1960</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <i>July 13 1896</i>
9. AGE (last birthday) <i>64</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	11. BIRTHPLACE (City and state or country) <i>Cook Station Mo.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Cook Station Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
13a. FATHER'S NAME <i>William Estner</i>		13b. MOTHER'S MAIDEN NAME <i>Etta Ross</i>	14. NAME OF HUSBAND OR WIFE <i>Charles R. McLelland</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>530-10-8273a</i>	17. INFORMANT <i>Mrs. Roy Bartley</i> Address <i>5572 Glenmont</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Bilateral massive pneumonia</i> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <i>490x</i>			INTERVAL BETWEEN ONSET AND DEATH <i>3 days?</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>cellulitis, both lower legs.</i>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <i>Fell 11/22/59 in an unlighted hall way;</i>	
20c. TIME OF INJURY Hour <i>6</i> Month, Day, Year <i>Nov. 22, 1959</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Hall at 4243 Russell</i>	20f. CITY, TOWN, OR LOCATION <i>St. Louis</i>
21. I attended the deceased from <i>Nov. 22, 1959</i> to <i>Feb. 19, 1960</i> and last saw her <i>Feb. 18, 1960</i> alive on _____		Death occurred at <i>8:15 A.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <i>William H. Grandmann, M.D.</i>		22b. ADDRESS <i>634 N. Grand St., St. Louis</i>	22c. DATE SIGNED <i>2/20/60</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Feb. 22, 1960</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Laurel Hill Garden Maus.</i>	23d. LOCATION (City, town, or county) (State) <i>St. Louis County Mo.</i>
24. FUNERAL DIRECTOR <i>Bull-Campbell Mortuaries</i> ADDRESS <i>165 Delmar Blvd.</i>		25. DATE RECD. BY LOCAL REG. <i>FEB 21 1960</i>	26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D.</i>

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.