

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

EILED VS JUN 15 1960

=60-021236

INDEXED

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **5867** STATE FILE NUMBER

| | | | | | | | | | | | | | |
|---|--|---|---|---|---|--|---|--|-----------------------------------|---|--|----------------|--|
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY | | | | | | | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis | | Length of stay in 1b 30 Yrs. | | c. CITY OR TOWN St. Louis | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Incarnate Word Hosp. | | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1822 S. 8th | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First ROBERT Middle A. Last McCLAIN | | | | 4. DATE OF DEATH Month 6 Day 4 Year 60 | | | | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 5/24/03 | | 9. AGE (last birthday) 57 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grinder-Brass Foundry | | | | 10b. KIND OF BUSINESS OR INDUSTRY Messmer Brass Co. | | 11. BIRTHPLACE (City and state or country) Tennessee | | 12. CITIZEN OF WHAT COUNTRY U.S.A. | | | | | |
| 13a. FATHER'S NAME John McClain | | | | 13b. MOTHER'S MAIDEN NAME Rosie Virchem | | | | 14. NAME OF HUSBAND OR WIFE Clara McClain | | | | | |
| 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. ? | | 17. INFORMANT Address Clara McClain, 1822 S. 8th | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) massive pulmonary embolism DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 465X | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 2 days | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) essential hypertension | | | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> N- <input type="checkbox"/> Unknown | | | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | 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.) | | | | | | | | | |
| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | Month, Day, Year _____ | | | | | | | | | | | |
| 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 May 17, 1960 to June 4, 1960 and last saw him ^{her} live on June 4, 1960 Death occurred at 11 PM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22a. SIGNATURE Samuel Schultz, MD (Degree or title) | | | | | | 22b. ADDRESS 2730 Watson Rd. St. Louis, Mo. | | | 22c. DATE SIGNED 6/7/60 | | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 6/8/60 | | 23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cem. | | 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo. | | | | | | | |
| 24. FUNERAL DIRECTOR ADDRESS McLaughlin's, 2301 Lafayette | | | | 25. DATE RECD. BY LOCAL REG. JUN 7 1960 | | 26. REGISTRAR'S SIGNATURE Robert Smith, M.D. | | | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

W. SCHULTZ
2730 WATSON
2:15 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed H. S. Farris

Licensed Embalmer No. 338

P. O. Address H. S. Farris

- 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.