

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-044642

FILED VS. NOV 28 1960 317 Primary Registration District No. 590 Registrar's No. 3358 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Glendale</b>		Length of stay in 1b <b>10 years</b>	c. CITY OR TOWN <b>Glendale</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>909 Glenbrook</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>909 Glenbrook</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>FRANK</b> Middle <b>M.</b> Last <b>McLAUGHLIN</b>			4. DATE OF DEATH Month <b>November</b> Day <b>16</b> Year <b>1960</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7/10/89</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>E. Meyer Lye Co.</b>	11. BIRTHPLACE (City and state or country) <b>Morgan, Texas</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>McLaughlin Nicholas</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Vera McLaughlin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <b>Mrs. Vera McLaughlin, 909 Glenbrook, Glendale</b>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Acute Coronary Thrombosis</b>			<b>Thrombosis</b>
DUE TO (b) <b>Coronary atherosclerosis</b>			<b>16 months</b>
DUE TO (c) <b>Atherosclerotic Cardiovascular Disease</b>			<b>10 years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <b>1952</b> to <b>Nov 16, 1960</b> and last saw him alive on <b>Sept 8, 1960</b> Death occurred at <b>340 P</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Walter J. Bopp</i> (Degree or title)		22b. ADDRESS <b>Kirkwood Mo</b>	
22c. DATE SIGNED <b>11/17/60</b>		22d. DATE SIGNED (Site) <b>711c</b>	
23a. CREMATION, REINTERMENT (Specify) <b>Cremation</b>	23b. DATE <b>Nov. 19 - 60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mission Crematory</b>	23d. LOCATION (City, town, or county) <b>St Louis</b>

24. FUNERAL DIRECTOR <b>Louis H. Bopp Jr</b>	25. DATE RECD. BY LOCAL REG. <b>11-18-60</b>	26. REGISTRAR'S SIGNATURE <i>John C. Murphy</i>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT MEDICAL CERTIFICATION BY AFFIDAVIT OF

DEC 20 1960

DEC 1 1960

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

*Hennis J. Wyland*

Licensed Embalmer No. 4512

P. O. Address Kirkwood

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.