

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-027765

DEPARTMENT OF PUBLIC HEALTH AND WELFARE  
 AMENDED Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1996 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF THIS RECORD-MAKE AS FOLLOWS

ITEM NO. SHOULD READ

FILED JUL 25 1961

1. PLACE OF DEATH  
 a. COUNTY St. Louis  
 b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond Heights Length of stay in lb D.O.A.  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY St. Louis  
 c. CITY OR TOWN Clayton Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 211 Linden Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
EDITH ALLEN MacLEAN 7/15/61

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 7/20/1894 9. AGE (last birthday) 66 yrs.  
 IF UNDER 1 YEAR Months Days IF UNDER 24 HR Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Own Home 11. BIRTHPLACE (City and state or country) Chicago, Illinois 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Fred Allen 13b. MOTHER'S MAIDEN NAME Letha Sudan 14. NAME OF HUSBAND OR WIFE Alexander W. MacLean

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. None 17. INFORMANT Address A. Wallace MacLean 6 Cherri Ln.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) VENTRICULAR FIBRILLATION INTERVAL BETWEEN ONSET AND DEATH 1-2 MONTHS  
 DUE TO (b) ARTERIO SCLEROTIC HEART DISEASE 2 MO'S  
 DUE TO (c) MYOCARDIAL INFARCTION MAY 15, 1961

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.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  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  NOT WHILE AT WORK  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 Nov. 25, 1952 to July 15, 1961 and last saw her alive on JUNE 15, 1961  
 Death occurred at July 15, 1961 10:15 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Robert E Koch, M.D. 22b. ADDRESS 8230 Forsythe Blvd. 22c. DATE SIGNED 7-17-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7/19/61 23c. NAME OF CEMETERY OR CREMATORY OAK GROVE 23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.

24. FUNERAL DIRECTOR ADDRESS E. J. Schnur 3125 Lafayette Ave. 25. DATE RECD. BY LOCAL REG. 7-17-61 26. REGISTRAR'S SIGNATURE J. G. Murphy, M.D.

X

X

**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 Joseph B. Wellmer

Licensed Embalmer No. 4014

P. O. Address 3125 Polynesian

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.