MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-030446
STATE FILE NUMBER

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 218

FILED SEP 6 1961

1. PLACE OF DEATH
a. COUNTY ST CHARLES
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST CHARLES
Length of stay in 1b: 55 MINS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST JOSEPHS HOSPITAL
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MO b. COUNTY ST LOUIS
c. CITY OR TOWN ST. JOHN
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 3541 MARSHALL
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First: DORAN Middle: Last: MCCLAIN
4. DATE OF DEATH Month: 8 Day: 29 Year: 61
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☑ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-6-1910
9. AGE (last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MACHINIST
10b. KIND OF BUSINESS OR INDUSTRY: LEVER BROS. CO
11. BIRTHPLACE (City and state or country): DUKEDOM, TENN
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: William E. McCLAIN
13b. MOTHER'S MAIDEN NAME: MARY G BARBER
14. NAME OF HUSBAND OR WIFE: HELEN McCLAIN
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: HELEN McCLAIN Address: 3541 MARSHALL

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Acute Coronary occlusion c̄ infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs
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)
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 12-14-59 to 2-26-60 and last saw him alive on 2-26-60
Death occurred at 8-29-61 11:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Arne E. Carlson (Degree or title) M.D.
22b. ADDRESS: 3109 Brown Rd. 14 Mo
22c. DATE SIGNED: 8-30-61

23a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
23b. DATE: 9-2-61
23c. NAME OF CEMETERY OR CREMATORY: VALHALLA
23d. LOCATION (City, town, or county) (State): ST LOUIS CO MISSOURI

24. FUNERAL DIRECTOR: EARL Hillerman ADDRESS: 9709 BACKLAND OVERLAND 14 Mo
25. DATE RECD. BY LOCAL REG.: Sept 1 1961
26. REGISTRAR'S SIGNATURE: Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 12 1961

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 Earl G. Hellman

Licensed Embalmer No. 3501

P. O. Address Oakland 14 Md

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.