

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012944

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3014**

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 26 1962

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **MISSOURI** b. COUNTY

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN **ST. LOUIS, MISSOURI** Length of stay in 1b **37 DAYS**

c. CITY OR TOWN **ST. LOUIS** Inside Limits Yes No

c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION **VAH, ST. LOUIS, MISSOURI** Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) **1038 MARION STREET** Reside on Farm Yes No

3. NAME OF DECEASED (Type or print) First **RICHARD** Middle Last **MC CLAREN**

4. DATE OF DEATH Month **MARCH** Day **16** Year **1962**

5. SEX **MALE**

6. COLOR OR RACE **WHITE**

7. Married Never Married Widowed Divorced

8. DATE OF BIRTH **9/1/90**

9. AGE (last birthday) **71**

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) **SAW OPERATOR**

10b. KIND OF BUSINESS OR INDUSTRY **----**

11. BIRTHPLACE (City and state or country) **EAST PORT, ILLINOIS**

12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **JOHN MC CLAREN**

13b. MOTHER'S MAIDEN NAME **SARAH BRUNER**

14. NAME OF HUSBAND OR WIFE **UNKNOWN**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **YES WW I**

16. SOCIAL SECURITY NO. **UNKNOWN**

17. INFORMANT Address **ARTHUR MC CLAREN, 116 ELWOOD ST. LOUIS, MO.**

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) **MYOCARDIAL INFARCTION**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE**

DUE TO (c) **7201**

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 Month, Day, Year a.m. p.m.

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. **VA** attended the deceased from **2/7/62** to **3/16/62** and last saw him alive on **3/16/62**. Death occurred at **7:45** P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **ALOYSIUS J. PROSKY** (Print name and title) **M.D.**

22b. ADDRESS **VAH, ST. LOUIS, MISSOURI** 22c. DATE SIGNED **3/17/62**

23a. BURIAL, CREMATION REMOVAL (Specify) **Removal**

23b. DATE **3-20-62**

23c. NAME OF CEMETERY OR CREMATORY **National Cemetery**

23d. LOCATION (City, town, or county) (State) **St. Louis County Missouri**

24. FUNERAL DIRECTOR ADDRESS **St. Louis 4, Mo. 2301 Lafayette Ave**

25. DATE RECD. BY LOCAL REG. **MAR 20 1962**

26. REGISTRAR'S SIGNATURE **Earl Smith, M.D.**

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
1
2 **223**
3
4 **0**
5 **2**
6
7 **1**
8 **1**
9
10
11 **1283-0**
13 **83**

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 A. G. Farris

Licensed Embalmer No. 3354

P. O. Address St. Louis

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.