

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

9968-62-040490
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9968

FILED OCT 29 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Length of stay in lb <u>16 days</u>		c. CITY OR TOWN <u>St. Louis</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis- Little Rock Hospitals Inc.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <u>6013 Garesche Ave</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>Francis</u> Last <u>McLaughlin</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>17</u> Year <u>1962</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>9-12-1880</u>		9. AGE (last birthday) <u>82</u>		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) <u>Pensioned Conductor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>				11. BIRTHPLACE (City and state or country) <u>St. Louis, Missouri</u>				12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>							
13a. FATHER'S NAME <u>William McLaughlin</u>				13b. MOTHER'S MAIDEN NAME <u>Margaret Keating</u>				14. NAME OF HUSBAND OR WIFE <u>Lynn McLaughlin</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u>				17. INFORMANT Address <u>William McLaughlin - 6013 Garesche</u>			
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) <u>CARCINOMATOSIS</u>												?							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.												DUE TO (b) <u>CARCINOMA OF LUNG</u>				1 year			
												DUE TO (c) <u>163X</u>							
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 <u>Oct. 1, 1962</u> to <u>Oct 17, 1962</u> and last saw him ^{xx} alive on <u>10/16/62</u>				Death occurred at <u>5.45 A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.															
22a. SIGNATURE <u>[Signature]</u> (Degree or title)				22b. ADDRESS <u>1755 So Grand Blvd</u>				22c. DATE SIGNED <u>10/17/62</u>											
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county)		STATE											
<u>burial</u>		<u>Oct 20, 1962</u>		<u>Calvary Cemetery</u>		<u>St. Louis</u>		<u>Missouri</u>											
24. FUNERAL DIRECTOR ADDRESS <u>Buchholz Mortuaries 5967 W. Florissant</u>				25. DATE RECD. BY LOCAL REG. <u>OCT 18 1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>													

USE BLACK INK OR TYPEWRITER RIBBON

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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 Wilfred J. Buchholz

Licensed Embalmer No. 24557

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.