

FILED NOV 6 1942

318

Primary Registration District No. 1003

Registrar's No. 9980

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution 3605 Meremac St /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 39 years (Specify whether years, months or days)  
In this community 39 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 12  
(If outside city or town limits, write "RURAL") 0 15  
(d) Street No. 3605 Meremac (If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Olive Blanche McLaughlin

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex F / 5. Color or race W 6. (a) Single, widowed, married, divorced M /

6. (b) Name of husband or wife Harry N. 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Sept. 2, 1871 (Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 26 If less than one day hr. min.

9. Birthplace Clarksville, Ark. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

12. Name Louis N. Rosenberg

13. Birthplace Philadelphia, Penna. (City, town, or county) (State or foreign country)

14. Maiden name Francis M. Trice

15. Birthplace Marion, Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Harry N. McLaughlin

(b) Address 3605a Meremac St

17. (a) Burial (b) Date thereof 10/31/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director O. N. McLaughlin

(b) Address 2301 Lafayette Ave

19. (a) OCT 30 1942 (b) J. F. Bredok (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 28, day year 1942 hour 4 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 1, 1941 to 10-28-42, 1942, that I last saw her alive on 10-28-42, and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 2 years  
Due to  
Due to  
Other conditions (Include pregnancy within 3 months of death)  
Major findings:  
Of operations  
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury  
23. Signature Arthur M. Smith (M. D. or other) Date signed 10/31/42  
Address 4145 So. Grand

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

**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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Paul A. Keith*.....

Licensed Embalmer No. *3612*.....

P. O. Address *2317 Lafayette*.....

**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 this body is not embalmed, fact should be so stated above.**