

S. No. 2  
 DM-542  
 Rev. 5-17-39  
 X32873

35648

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED NOV 23 1942 8

STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH  
 1003

State File No. ....  
 Registrar's No. **9568**  
 499

Registration District No. .... Primary Registration District No. ....

1. PLACE OF DEATH:  
 (a) County .....  
 (b) City or town **St. Louis, Missouri**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**St. John's Hospital 0**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution ..... (Specify whether  
 In this community .....  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State **Illinois** (b) County **Cook**  
 (c) City or town **Chicago**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. **1032 E. 46th Street.,**  
 (If rural, give location)  
 (e) Citizen of foreign country? ..... (Yes or No)  
 If yes, name country **2**

3. (a) PRINT FULL NAME **John L. McLachlan**

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

4. Sex **Male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Josephine McLachlan** 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased **April 13, 1880**  
 (Month) (Day) (Year)

|         |           |          |          |                      |
|---------|-----------|----------|----------|----------------------|
| 8. AGE: | Years     | Months   | Days     | If less than one day |
|         | <b>62</b> | <b>7</b> | <b>1</b> | ..... hr. .... min.  |

9. Birthplace **Frederick Michigan**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **Court Bailiff**

11. Industry or business .....

12. Name **Lachlan McLachlan**

13. Birthplace **Glengary County Scotland**  
 (City, town, or county) (State or foreign country)

14. Maiden name **Eileen Unknown**

15. Birthplace **Unknown Canada**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **L. E. Killoren**

(b) Address **1018 Art Hill Place**

17. (a) **Removal** (b) Date thereof **11/15/42**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Chicago, Illinois**

18. (a) Signature of funeral director **Albert H. Hoppe Inc**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 17 1942** (b) **J. F. Bredick**  
 (Date received at local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **NOV** day **14**  
 year **1942** hour **9** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **November 1**, 19**42**, to **November 14**, 19**42**;  
 that I last saw him alive on **November 14**, 19**42**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Terminal Pneumonia** Duration **2 days**

Due to **Cerebral Hemorrhage** **2 wks.**

Due to **Arteriosclerosis**

Other conditions **830**  
 (Include pregnancy within 3 months of death)

Major findings: Of operations **87**

Of autopsy **Cerebral Arteriosclerosis, Right Hemispherical hemorrhage, Alcoholic dysfunction**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **inestimable fall**

(b) Date of occurrence **at home Nov 11 - 1942**

(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?  
**No perceptible injury from fall** (Specify type of place) (e) Means of injury

23. Signature **Daniel P. Nelson** (M. D. or other)

Address **607 N. Grand St. St. Louis** Date signed **11-14-42**

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

MOTHER FATHER

8996

8996

---

---

**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.....  
*Walter G. Burnley*

Licensed Embalmer No. *4202*

P. O. Address.....  
*St. Louis, Mo*

**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.**