

Registration District No. _____ Primary Registration District No. _____

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

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:
3806 Fairview Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... 1 (Specify whether years, months or days)

In this community..... 1 (Specify whether years, months or days)

3. (a) PRINT FULL NAME John L. McLean

3. (b) If veteran, name war..... No.

3. (c) Social Security No.....

4. Sex..... M. Color or race..... W.

5. Color or race..... W.

6. (a) Single, widowed, married, divorced..... M.

6. (b) Name of husband or wife..... Mary McLean

6. (c) Age of husband or wife if alive..... 74 years

7. Birth date of deceased..... July 14th., 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>7</u>	<u>3</u>	hr. _____ min. _____

9. Birthplace..... Mo. O
(City, town, or county) (State or foreign country)

10. Usual occupation..... Mill Right

11. Industry or business.....

12. Name..... Edward McLean

13. Birthplace..... Mo. O
(City, town, or county) (State or foreign country)

14. Maiden name..... Elizabeth Hogan

15. Birthplace..... Mo. O
(City, town, or county) (State or foreign country)

16. (a) Informant..... Mrs. Mary McLean

(b) Address..... 3806 Fairview Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof..... 2-20-45
(Month) (Day) (Year)

(c) Place: burial or cremation..... OLD S. S. PETER & PAUL

18. (a) Signature of funeral director..... Charles J. Honnelly

(b) Address..... 3840 Lindell Blvd.

19. (a) FEB 19 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Mo. (b) County..... St. Louis

(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No..... 3806 Fairview Ave.
(If rural, give location)

(e) Citizen of foreign country?..... 0 (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Feb. day..... 17th., year..... 1945 hour..... 2 minute..... 15 p. M.

21. I hereby certify that I attended the deceased from Jan 1, 1943, to Feb 17, 1945, that I last saw him alive on Feb 13, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death..... Coronary Occlusion

Duration..... 1 hr

Due to..... Arteriosclerosis - 39%

Other conditions..... none
(Include pregnancy within 3 months of death)

Major findings: none

Of operations..... none

Of autopsy..... none

PHYSICIAN..... none

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)..... none

(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) (c) Means of injury.....

23. Signature..... J. F. Bredeck (M. D. or other)

Address..... 3318 S. Brentwood Date signed..... 2-17

5318 S. Grand Blvd. 1-3 pm.

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lundell*

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.