

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **44362**
Registrar's No. **11408**

FILED DEC 16 1953

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 5-WKS.	c. CITY OR TOWN Afton	4. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony's Hospital		e. STREET ADDRESS (If rural, give location) 8019 Pontiac	

3. NAME OF DECEASED (Type or Print) a. (First) Kevin b. (Middle) T. c. (Last) McLean Jr.			4. DATE OF DEATH (Month) (Day) (Year) Nov. 30, 1953		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) D.	8. DATE OF BIRTH July 4, 1929	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months 4 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Attendant		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Kevin T. McLean		13b. MOTHER'S MAIDEN NAME Lucille LaDassor		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) Korean War		16. SOCIAL SECURITY NO. 495-26-8471		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Kevin T. McLean, 8019 Pontiac (Afton)	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured aneurysm of heart right side. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION 11-28-53	19b. MAJOR FINDINGS OF OPERATION Ruptured Aneurysm		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 452X		

22. I hereby certify that I attended the deceased from **10-27, 1953**, to **11-30, 1953** that I last saw the deceased alive on **11-30, 1953**, and that death occurred at **7:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Frank A. Palazzo M.D.		23b. ADDRESS 4161 Lindell Blvd.	23c. DATE SIGNED 12-1-53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 3, 1953	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Jefferson Barracks, Mo.

DATE REC'D BY LOCAL REG. DEC 2 1953	REGISTRAR'S SIGNATURE J. Earl Smith, M.D.	FISHERY DIRECTOR'S SIGNATURE Arthur J. Donnelly	ADDRESS 810 Lindell Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

