

**STANDARD CERTIFICATE OF DEATH**

State File No. **7093**

BIRTH NO. **FILED MAR 2 1954** REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **421**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Saint Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Clayton</b>		c. LENGTH OF STAY (in this place) <b>9 days</b>	c. CITY OR TOWN <b>Kinloch 409 /</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Saint Louis County Hosp</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <b>632 King Street</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) <b>Ethel McCloud</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>2 - 14 - 54</b>		
a. (First)		b. (Middle)		c. (Last)	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>Col.</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>		<b>8. DATE OF BIRTH</b> <b>16 Sept 1919</b>	
<b>9. AGE</b> (In years last birthday) <b>34</b>		if UNDER 1 YEAR Months		if UNDER 4 HRS. Hours Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Press Operator</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Laundry</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Moorehead, Miss</b>	
				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>	

<b>13a. FATHER'S NAME</b> <b>Will Harries</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Millie Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mack Mc Cloud</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		<b>16. SOCIAL SECURITY NO.</b> <b>142 22 5529</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mack Mc Cloud, Kinloch, Mo.</b>	
				<b>ADDRESS</b>	

<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)		<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Uremia &amp; Hypertension</b>			
		<b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Malignant Nephrosclerosis</b>			
		DUE TO (c)			
		<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Severe Cystitis (left ovary)</b>			

<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
				<b>445X</b>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from 2-5, 19 54, to 2-14, 19 54 that I last saw the deceased alive on 2-14, 19 54 and that death occurred at 7:00 p.m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> (Degree or title) <b>Richard E. Ernst MD</b>		<b>23b. ADDRESS</b> <b>601 S Brentwood</b>		<b>23c. DATE SIGNED</b> <b>2-15-54</b>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>		<b>24b. DATE</b> <b>17 Feb 54</b>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Washington Park</b>	
				<b>24d. LOCATION</b> (City, town, or county) (State) <b>Berkeley, Mo.</b>	

<b>DATE REC'D BY LOCAL REG.</b> <b>2-15-54</b>		<b>REGISTRAR'S SIGNATURE</b> <b>Herbert R. Dumble</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Boyd Bros Funeral Home</b>	
				<b>ADDRESS</b> <b>Kinloch, Mo.</b>	

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

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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 *Edward A. Lynn*.....

Licensed Embalmer No...4444..

P. O. Address.....4548a Page B  
Saint Louis 13, Miss

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.