

FILED JUN 24 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20920

4954

| | | | | | | | |
|--|---|--|---|---|--|---|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (In this place) | | c. CITY OR TOWN St. Louis | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 5650 Cote Brillante | | | | e. STREET ADDRESS (If rural, give location) 5650 Cote Brillante 2069 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Mc Lain c. (Last) | | | 4. DATE OF DEATH (Month) (Day) (Year) 6/3/54 | | | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M | | 8. DATE OF BIRTH 6/22/1886 | | 9. AGE (In years last birthday) 67 | 10. UNDER 1 YEAR 11 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) watchman | 10b. KIND OF BUSINESS OR INDUSTRY retired | | 11. BIRTHPLACE (City and State or Foreign Country) Illinois | | 12. CITIZEN OF WHAT COUNTRY U. S. A. | | |
| 13a. FATHER'S NAME Pierce Mc Lain | | 13b. MOTHER'S MAIDEN NAME Virginia Slater | | 14. NAME HUSBAND OR WIFE Julia | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. 299-12-5968 | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Julia Mc Lain ADDRESS 5650 Cote Brillante | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chorea Myocarditis ANTECEDENT CAUSES DUE TO (b) Hypertension DUE TO (c) Arterio Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 mths 8 mths 1 year |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input 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) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR 403 X | | | |
| 22. I hereby certify that I attended the deceased from June 6, 1953, to June 4, 1954, that I last saw the deceased alive on June 3, 1954, and that death occurred at 7:15 A. M., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Thomas Green | | | | 23b. ADDRESS 450 W. Olive St. | | 23c. DATE SIGNED 6/4/54 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 6/7/54 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Carmel | | 24d. LOCATION (City, town, or county) (State) E. St. Louis, Illinois | | |
| DATE REC'D BY LOCAL REG. UN 4 1954 | | REGISTRAR'S SIGNATURE J. Earl Smith, M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jno. A. Howard 1619 So. Grand | | | |

G.P. (Licensed Embalmer's Statement on Reverse Side)

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

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

Robert M. Murray

3749
Licensed Embalmer No.....

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

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.