MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

V. S. NO. 2

APR 28 1933

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10947

1. PLACE OF DEATH
County St Louis — Registration District No. 789 — File No.
Township Central — Primary Registration District No. 60333 — Registered No. 87
City (No. 1340, Ferguson Ave. St. Ward)

2. FULL NAME Helen G. McClinton
(a) Residence, No. 1340 Ferguson Ave St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George McClinton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1853

7. AGE: YEARS 79 — MONTHS 8 — DAYS 20 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Castle Pennsylvania

FATHER
13. NAME Peter Showmann
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Pennsylvania

MOTHER
15. MAIDEN NAME Margaret Caldwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? Pennsylvania

17. INFORMANT (ADDRESS) Mr. Frank G. McClinton 1340 Ferguson Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Laurel Hill Cem. DATE March 29 1933

19. UNDERTAKER (ADDRESS) Geo. L. Pleitsch Inc 5966 Easton Ave

20. FILED 3/27 1933 Tolla Bracy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 24, 1933, to March 26, 1933
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
1608 Tobar Gneumonia 93408	March 23, 1933

Other contributory causes of importance: Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) W S Brown, M. D.
(Address) 40 E Wall Bldg

Dr. W. [illegible]
3903 [illegible]