FEB 27 1937

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

Do not use this space.

File No. 8266
Registered No. 1716

1. PLACE OF DEATH
County
Township
City St. Louis, (No. City Hospital No.1 St. Ward)
Registration District No. 791
Primary Registration District No. 1003

B. 15409

2. FULL NAME Thomas J. McClurken
(a) Residence, No. 5245 Cates Avenue St., 17 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Katie McClurken

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Ja 3. 1879

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
58	1	3	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. service man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Filling Station
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) St. Louis, Missouri

FATHER
13. NAME James McClurken
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Missouri

MOTHER
15. MAIDEN NAME Martha Johnson.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Swanrick, Illinois

17. INFORMANT Hosp. Info. M.H. Kent
(ADDRESS) City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cem. DATE Feb. 9, 1937

19. UNDERTAKER Bergesch Undertaking Co.
(ADDRESS) 3661 Washington Pl.

20. FILED FEB - 9 1937 J. J. Biedeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/6/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 1/23/37, 19, to 2/6/37, 19
I last saw him alive on 2/6/37, 19 Death is said to have occurred on the date stated above, at 4.a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia (right middle lobe)	
Other contributory causes of importance: Chronic alcoholism	

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

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) Chas. M. Jessica, M. D.
(Address) City Hospital No.1

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.

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