AUG 30 1937

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

Do not use this space.

File No. 28370

Registered No. 276

1. PLACE OF DEATH

County St. Louis (12)

Township

City Jefferson Barracks (No. Missouri St. Ward)

Registration District No. 1123

Primary Registration District No. 6248 B

2. FULL NAME Alex McClure

(a) Residence, No. 3430 Lucas St., Ward. St. Louis, Missouri
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred unyrs. knmos. wn ds. How long in U. S., if of foreign birth unyrs. knmos. wn ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 14, 1895

7. AGE: Years 41 | Months 11 | Days 18 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Mgr. Restaurant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Restaurant

10. Date deceased last worked at this occupation (month and year) unknown

11. Total time (years) spent in this occupation unkwn

12. BIRTHPLACE (CITY OR TOWN) Cleveland (STATE OR COUNTRY) Miss

FATHER

13. NAME Alex McClure

14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Patsy Towns

16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Mississippi

17. INFORMANT M. Schilling (ADDRESS) Clinical Clerk, Jeff. Bks. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cemetery DATE July 7, 1937

19. UNDERTAKER English Und Co (ADDRESS) 2931 Lucas Ave.

20. FILED July 7, 1937 L. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 30, 19 37 to July 2, 19 37

I last saw him alive on July 2, 19 37 Death is said to have occurred on the date stated above, at 11:05 a.m. p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic with hypertrophy and dilatation, congestive type	
cardiac failure	unkwn

Other contributory causes of importance:

none

Name of operation none Date of

What test confirmed diagnosis? clin. manifestations, laboratory phy. exam. Was there an autopsy? NO.

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) C. W. Hughes, M. D.

(Address) C. W. HUGHES, M.D. Chief Medical Officer.

NOTE—Exactness of information should be carefully supplied. Avoid abbreviations. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

28370
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1. PLACE OF DEATH
(a) County St Louis — Registration District No. 1123
(b) Township Carondolet — Primary Registration District No. 6248B — Registered No. 276
(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alex McClure
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	col	S.

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	41	11	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. .....
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) .....

FATHER
13. NAME .....
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

MOTHER
15. MAIDEN NAME .....
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) .....

17. INFORMANT (ADDRESS) .....

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE July 7, 1937

19. FUNERAL DIRECTOR (ADDRESS) .....

20. FILED July 7, 1937 G Mowry
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 2, 1937

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

	Date of onset

Other contributory causes of importance:

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) C W Hughes M.D., M. D.
(Address) Chief Med. Officer

SUPPLEMENTARY

S-28370