

REC'D MAR 14 1938

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

4712
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **City Hospital #1** 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 **54** yrs. **0** mos. **4** ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Victor Daniel McClure 246**
 (a) Residence, No. **1708 A Oregon** St. **29** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Husband of Bessie**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Jan. 31, 1884**
 7. AGE YEARS **54** MONTHS **0** DAYS **4** If LESS than 1 day, hrs. or min.

OCCUPATION

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

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

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

17. INFORMANT (ADDRESS) **Bessie L. McClure**
1708 A Oregon

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **2/7/38**

19. FUNERAL DIRECTOR (ADDRESS) **A. St. McLaughlin**
2301 Lafayette Ave

20. FILED **FEB 7 1938**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 5, 1938 19**

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 **7:40A. M.**

The principal cause of death and related causes of importance were as follows:
Hemorrhage due to Basal Fracture of the Skull, The deceased was found lying in a alley in the rear of 3516 Pine Street about 7:00 P.M. January 31, 1938. Manner and Cause could not be ascertained.

Other contributory causes of importance:

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 **1/31, 1938**

Where did injury occur? **St. Louis, Mo.** (Specify city of town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. **Public Place.**

Manner of injury **see above**
 Nature of injury **see above**

24. Was disease or injury in any way related to occupation of deceased? **+**
 If so, specify **Alfred G. Perry, M.D.**

(Signed) **Alfred G. Perry, M.D.**
 (Address) **W. P. ...**

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.

STATEMENT BY LICENSED EMBALMER

I, Paul A. Keith, Licensed Embalmer No. 3617

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. 3612 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

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.)