

REC'D NOV 4 1938

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

36856
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township Wasson Primary Registration District No. 115 Registered No. 1717
 (c) City University City (d) Street No. 7500 Wayne Ave 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 Mary McClelland

(a) Residence, No. 7500 Wayne Ave St. (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 Female 4. COLOR OR RACE White 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) June 13th 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 3 28

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At home
 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) Nashville (STATE OR COUNTRY) Tenn

13. NAME Wm Archibald McClelland

14. BIRTHPLACE (CITY OR TOWN) Mercersburgh (STATE OR COUNTRY) Pa

15. MAIDEN NAME Louisa M. Edgar

16. BIRTHPLACE (CITY OR TOWN) Nashville (STATE OR COUNTRY) Tenn

17. INFORMANT Mrs Harris Armstrong (ADDRESS) 3 Sappington Spur

18. BURIAL, CREMATION, OR OTHER FINAL PLACE Bellefontaine DATE Oct 24th 38

19. FUNERAL DIRECTOR (NAME) Wagoner Und Co (ADDRESS) 3621 Olive Street

20. FILED 1938 2-10-38 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 21 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 PM. The principal cause of death and related causes of importance were as follows:

Accidental fall on floor of his own home
Fracture of 4th rib
Septicemia
 Date of onset 4/22/38

Other contributory causes of importance:
Septicemia
 Name of operation Open Reduction Date of APR 9 1938
 What test confirmed diagnosis Diagnosed by X-ray Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 4/22 1938
 Where did injury occur? University City, Mo (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Home
 Nature of injury Fall on floor
Fracture of 4th rib

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify John Cornell M. D.
 (Address) Corner of 8th and Olive County

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.

OCT 23 1938

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

Registered Apprentice No....., working under my personal supervision.

Signed *Merville D. Frohwitter*

Licensed Embalmer No. *3696*

P. O. Address *3621 Olive St*

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 this body is not embalmed, above space should be left blank.