

REC'D JAN 11 1938

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

791

1008

41223

Do not use this space.

10915

1. PLACE OF DEATH

- (a) County..... Registration District No.....
- (b) Township..... Primary Registration District No.....
- (c) City St. Louis, Missouri (d) Street No. City Sanitarium St.
- (e) Length of residence in city or town where death occurred 20 yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

- Mary McClure
- (a) Residence, No. City Infirmery St. 13 (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 Single
About 1864

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
About 74 yrs.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stenographer

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

10. Date deceased last worked at this occupation (month and year) 1929 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois13. NAME Mills McClure14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Tennessee15. MAIDEN NAME Sarah Hughes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown Kentucky17. INFORMANT (ADDRESS) A. K. Busch M. D. 5400 Arsenal Ave.18. BURIAL, CREMATION OR REMOVAL PLACE Lute Charles Co DATE 12 21 3819. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. A. Bull 445 Washington Ave20. FILED DEC 20 1938 J. P. Busch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 16, 193822. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1938, to Dec. 16, 1938I last saw her alive on Dec. 15 1938, 19..... Death is saidto have occurred on the date stated above, at 5:55 A.M.

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

Chronic Myocarditis
(onset) 11-26-38-x

Date of onset

Other contributory causes of importance:
Arterio Sclerosis
Senility

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) A. K. Busch, M. D.
(Address).....

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

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

John Ketter

....., or by

Registered Apprentice No. ~~3880~~, working under my personal supervision.

Signed.....

John Ketter

Licensed Embalmer No. *3880*

P. O. Address *#355 Washington*

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.