DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 41524

Registration District No. JAN 12 19.. 791

Primary Registration District No.

Registrar's No. 10647

1. PLACE OF DEATH:

(a) County 2

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 115 Upton st. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community 2 yrs.

2. USUAL RESIDENCE OF DECEASED: 1

(a) State Missouri (b) County

(c) City or town St. Louis 1 (If outside city or town limits, write "RURAL")

(d) Street No. 115 Upton St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Joseph McClellan 244

3. (b) If veteran, name war None

3. (c) Social Security No. 492-05-1562

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Scheelie

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. (Month) 30 (Day) 1887 (Year)

8. AGE: Years 52 Months 3 Days 12 If less than one day hr. min.

9. Birthplace Wilkesbarre (City, town, or county) Pennsylvania (State or foreign country)

10. Usual occupation Dye Washer 1

11. Industry or business Sharf-Koken 2

FATHER
12. Name Unknown 7
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown 1
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Schellie McClellan

(b) Address 115 Upton st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 15, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director C. Hoffmeister M. & Co.

(b) Address 7814 S. Broadway

19. (a) DEC 13 1939 (Date received local registrar) (b) J. F. Bernard (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 12 year 1939 hour 3 minute 15 P. M.

21. I hereby certify that I attended the deceased from Aug, 1936, to 12-12-, 1939; that I last saw him alive on 12-12, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
① Angina Pectoris	
② Hypertension	
Due to ③ Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations None	
Of autopsy None	

PHYSICIAN — Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work (e) Means of injury

23. Signature [signature] (M. D. ~~or other~~)

Address 6639 Oing Date signed 12/13/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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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 Linus Hoffmeister

Licensed Embalmer No. 3821

P. O. Address 7814 S Bdway

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.