MAR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8852

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 2335

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: 4630 A.Delmar Blvd
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 4630 A.Delmar Blvd
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St.Louis 12
(If outside city or town limits, write "RURAL")

(d) Street No. 4630 A.Delmar Blvd
(If rural, give location)

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

3. (a) PRINT FULL NAME Lucy A.McLellan

3. (b) If veteran, name war ********

3. (c) Social Security No. *******

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Osman McLellan

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

7. Birth date of deceased September 30 1856
(Month) (Day) (Year)

8. AGE: Years 83 | Months 5 | Days 8 | If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

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

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

16. (a) Informant's own signature

(b) Address 5154 Christy Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11 1940 (Month) (Day) (Year)

(c) Place: burial or cremation St.Peters Cemetery

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAR 9 1940 (Date received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8th year 1940 hour 10:30 minute A. M.

21. I hereby certify that I attended the deceased from 1/1/40, 19__, to 3/8/40, 19__; that I last saw her alive on 3/6/40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis

Due to Senility

Due to

Other conditions Chronic nephritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration: several years

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 Walter R. Jordan (M. D. or other) MD

Address 503-7 Wall Bldg Date signed 3/9/40

(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.

Rev. 5-17-39 I X19311

Do Gordon
Wall Bedy
9.30 to 11.30

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.....

Licensed Embalmer No.....

P. O. Address.....

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.