DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40136

Registration District No. 791 JAN 15 1941

Primary Registration District No. 1003

Registrar's No. 990

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

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Pacific Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether years, months or days)

In this community 16 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town Saint Louis (If outside city or town limits, write "RURAL")

(d) Street No. 4204 Cook Avenue (If rural, give location)

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

3. (a) PRINT FULL NAME Harold Edwin McClellan

3. (b) If veteran, name war None

3. (c) Social Security No. 702-14-1586

4. Sex Male

5. Color or race Negro

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

6. (b) Name of husband or wife Ethel McClellan

6. (c) Age of husband or wife if alive 37 years

7. Birth date of deceased August (Month) 8th. (Day) 1902 (Year)

8. AGE: Years 38 Months 3 Days 22 If less than one day hr. min.

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

10. Usual occupation Cook

11. Industry or business Missouri Pacific Railroad

MOTHER FATHER

12. Name F.F. McClellan

13. Birthplace Unavailable (City, town, or county) (State or foreign country)

14. Maiden name Mayme Johnson

15. Birthplace Unavailable, (City, town, or county) Texas (State or foreign country)

16. (a) Informant Ethel McClellan

(b) Address 4204 East Cook Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 12/3/1940 (Month) (Day) (Year)

(c) Place: burial or cremation Palestine, Texas

18. (a) Signature of funeral director [illegible]

(b) Address 4107 Finney Avenue

19. (a) DEC 3 1940 (Date received by local registrar) (b) [illegible] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 30 year 1940 hour 3 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 24, 1940, to Nov 30, 1940 that I last saw him alive on Nov. 28 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Syphilitic heart disease, C.N.S. Syphilis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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 W H Hamlett (M. D. or other)

Address Missouri Pacific Hosp Date signed 11-30-40

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Johnson, Registered Apprentice No. ..... working under my personal supervision.

Signed James A. Johnson

Licensed Embalmer No. 3522

P. O. Address 4107 Finney Avenue

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.