

Registration District No. 104

Primary Registration District No. 3008

Registrar's No. 91

1. PLACE OF DEATH:

(a) County Callaway
(b) City or town Fullton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: State Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 2 mo. 22 da
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Richmond Heights
(If outside city or town limits, write "RURAL")
(d) Street No. 1111 Bellevue
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 24
year 1941 hour 6 minute PM
21. I hereby certify that I attended the deceased from March 1
1, 1941, to March 24, 1941;
that I last saw h*im* alive on March 24, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis
Due to Arterio sclerosis
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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? 106
While at work? _____ (Specify type of place) _____
(e) Means of injury _____
23. Signature Jornat Thomas (M. D. or other) _____
Address State Hospital no 1 Date signed 3/29-41

3. (a) PRINT FULL NAME Matthew McClearn

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Matthew McClearn 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 31 1866
(Month) (Day) (Year)

8. AGE: Years 74 Months 11 Days 23 If less than one day _____ hr. _____ min.

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

10. Usual occupation W. G. Marshall

11. Industry or business _____

MOTHER FATHER { 12. Name John D. McClearn
13. Birthplace Boston Mass 1
(City, town, or county) (State or foreign country)
14. Maiden name Anna Harding
15. Birthplace Halifax
(City, town, or county) (State or foreign country)

16. (a) Informant State Hospital Record

(b) Address State Hospital no. 1

17. (a) Burial (b) Date thereof 3/27/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis Mo

18. (a) Signature of funeral director J. P. Huston

(b) Address 7233 Delmar Blvd. St. Louis
19. (a) 3-25-41 (b) R. N. Creve
(Date received local registrar) (Registrar's signature)

Fullon M

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

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.....

Cassance H Murray

Licensed Embalmer No.

40110

P. O. Address.....

St. Louis Mo.

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, fact should be so stated above.