

FILED FEB 24 1941  
Registration District No. 791

Primary Registration District No.

1003

Registrar's No.

769

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: Carrie Gietner Home - 5000 S. Broadway  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Feb 15 - 1941  
(Specify whether years, months or days) to Date of Death

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town Glendale, St. Louis County  
(If outside city or town limits, write "RURAL")  
(d) Street No. 103 Edwin Ave.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Eliza Ann McClellan

3. (b) If veteran, name war No. 3. (c) Social Security No. No

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

6. (b) Name of husband or wife John W. McClellan 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased 11 - 17 - 1861  
(Month) (Day) (Year)

8. AGE: Years 80 Months 2 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Newton Clark

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

14. Maiden name Unknown

15. Birthplace Unknown England  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Smith A. Blackman

(b) Address 103 Edwin Ave, Glendale

17. (a) Cremation (b) Date thereof 1 - 25 - 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Road at Concordia Lane

19. (a) 26 1942 (b) J. J. Medeck  
(Date registered local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23  
year 1942 hour 10 minute 35 A. M.

21. I hereby certify that I attended the deceased from 2/1/41  
\_\_\_\_\_ 19 to 1/23/42 19;  
that I last saw her alive on 1/22/42 19;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Interstitial Nephritis Duration 1 year

Due to Arterial hypertension

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (b) Means of injury \_\_\_\_\_

23. Signature J. J. Medeck (M. D. or other) \_\_\_\_\_  
Address 5006 South Broadway Date signed 1/24/42

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

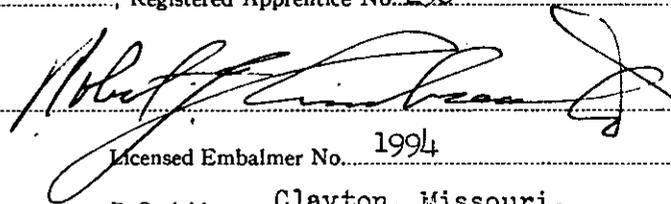
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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... Van Sizemore ..... Registered Apprentice No. 296  
working under <sup>my</sup> personal supervision.

Signed.....

  
.....  
Licensed Embalmer No. 1994

P. O. Address Clayton, Missouri.

**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.**