

Registration District No. 104

Primary Registration District No. 101

Registrar's No. 1628

96
23
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 13 days
(Specify whether years, months or days)

In this community Unk.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

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

(d) Street No. 6517 Whitney Ave.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Edward McClarin

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex male 5. Color or race 2 colored

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

6. (b) Name of husband or wife Marie McClarin

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

7. Birth date of deceased Dec. 24 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>7</u>	<u>4</u>	hr. _____ min.

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

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER

12. Name David McClarin

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

14. Maiden name Unknown McDonnell

15. Birthplace Carthage Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Bessie Saunders

(b) Address 6517 Whitney Ave.

17. (a) Burial (b) Date thereof 7/31/1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Washington Park Cem.

18. (a) Signature of funeral director Chas. J. Gates

(b) Address 4107 Finney Ave.

19. (a) JUL 31 1942 (b) Chas. J. Gates
(Date received) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1942 hour 9 minute 10 A. M.

21. I hereby certify that I attended the deceased from 7-15-42
_____ 19, to 7-28-42 19, _____

that I last saw him alive on 7-28-42
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cardiac Failure 2 days

Due to Syphilitic Heart Disease 2 wks
1/2 Decomposition

Due to _____

Other conditions 30 a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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)

(e) Means of injury _____

23. Signature Chas. J. Gates (M. D. or other) _____
Address St. Louis County Hosp Date signed 7/28/42

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 Ave. e.**

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.