

FILED OCT 6 1942

Registration District No. 784

Primary Registration District No. 106

Registrar's No. 1949

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
807 Simmons Ave /
(If not in hospital or institution, write street number or location)

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

In this community.....

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 807 Simmons Ave
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country..... 0

3. (a) PRINT FULL NAME Jessie B McClure

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife James McClure

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

7. Birth date of deceased March 20 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 5 27 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business.....

12. Name Charles Harrington

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

14. Maiden name Unknown

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

16. (a) Informant Mrs T. H. John

(b) Address 807 Simmons Ave Kirkwood, Mo.

17. (a) Burial (b) Date thereof 9-20-1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rolla Mo

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo

19. (a) SEP 19 1942 (b) C. G. Mc Larn
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 17
year 1942 hour 8 PM minute..... M.

21. I hereby certify that I attended the deceased from 9/16/42
....., 19....., to 9/17....., 19.....
that I last saw her..... alive on 9/16/42....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Acute Cardiac Dilatation 1 day

Due to Chronic Myocarditis 5 yrs.

Due to Chronic Bronchitis 10 yrs

Other conditions Old fracture of femur healed.
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... ? 18.6 10

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accid

(b) Date of occurrence 195 - 9-17-42

(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 Fall

23. Signature C. G. Mc Larn (M. D. or other) MD
Address Kirkwood, Mo Date signed 9/17/42

Duration

1 day

5 yrs.

10 yrs

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 19 1949

FEB 24 1943

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.....

John M. Meyer

Licensed Embalmer No.....

3288

P. O. Address.....

Hickwood, 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.