. S. No. 2
M—9-4-41
. 5-17-39
P I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8544

FILED APR 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2909

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:
2123 Ann Ave. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community 20 Years

2. USUAL RESIDENCE OF DECEASED: 000 12 923

(a) State Missouri (b) County

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

(d) Street No. 2123 Ann Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME LUCY McCLEARN

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife Albert

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

7. Birth date of deceased Jan. (Month) 12th (Day) 1883 (Year)

8. AGE:

Years	Months	Days	If less than one day
60	2	12	hr. min.

9. Birthplace Tuscumba, Ala. (City, town, or county) / (State or foreign country)

10. Usual occupation Housewife

11. Industry or business At Home

FATHER
12. Name Mitchell Taylor
13. Birthplace (City, town, or county) Tenn. / (State or foreign country)

MOTHER
14. Maiden name Nancy Taylor
15. Birthplace (City, town, or county) Tenn. / (State or foreign country)

16. (a) Informant Archie McClearn
(b) Address 5904 Delmar Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43. (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cem.

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 3015 Lafayette Ave.

19. (a) MAR 27 1943 (Date received local registrar) (b) J. J. Bredeck (Registrar's signature)

874

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 24th year 1943 hour 3 minute 30 P. M.

21. I hereby certify that I attended the deceased from March 19, 1943 to March 24, 1943 that I last saw h. alive on March 23, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis
7 nephritis.

Due to Contracture of Lungs
standing 7 yrs

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 J. H. Walton (M. D. or other)
Address 536 N. Taylor Date signed 3-26-43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed Paul A. Keith

Licensed Embalmer No. 3612

P. O. Address 2317 Lafayette

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.