V. S. No. 2
0M—5-42
ev. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12463

APR 19 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3336

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: 1455 N.Market St. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 22 Years.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri. (b) County 17 26

(c) City or town St. Louis. 9
(If outside city or town limits, write "RURAL")

(d) Street No. 1455 N.Market St.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME George ~~William~~ W. McClure.

3. (b) If veteran, name war No.

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 Kate McClure

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 13 1872
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	10	24	hr. min.

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

10. Usual occupation Merchant.

11. Industry or business

MOTHER FATHER

12. Name Lafayette McClure.

13. Birthplace Arkansas. /
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

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

16. (a) Informant Kate McClure.

(b) Address 1455 N.Market St.

17. (a) Burial (b) Date thereof 4-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cem.

18. (a) Signature of funeral director Hv. Leidner Und. Co.

(b) Address 2223 St. Louis Ave.

19. (a) APR 9 1943 J. F. Bredeck.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
year 1943 hour 7:15 A.M. minute M.

21. I hereby certify that I attended the deceased from April 2, 1943, to April 7, 1943
that I last saw him alive on 4-7-43, 19
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Haemorrhage	5 da.
Due to Arterial Hypertension & Sarcosis.	
Due to	
Other conditions (Include pregnancy within 3 months of death) 83	

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature [signature] (M. D. ~~or other~~)

Address 2405 W. Florissant Date signed 4/7/43

(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 John P. Buckholz

Licensed Embalmer No. 1674

P. O. Address 3223 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Mo. } ss.
County of St. Louis

State File No.

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No. 3336

On this 16th day of July, 1943 before me appears Mrs. Katie McClure, who, upon her oath, states that the original record of ~~birth~~ death for George W. McClure, ~~born~~ died April 7th, 1943, in the State of Missouri, and which was filed at St. Louis, Mo. on 4-9-, 1943 should be corrected as follows:

Item No. 3 should read George W. McClure
Instead of George William McClure

Item No. 6 should read Kate McClure
Instead of Katie McClure

Item No. 16a should read Kate McClure
Instead of Katie McClure.

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

Item No. should read
Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Kate McClure - Wife
Relationship.

3226 Arsenal
Present Address.

Subscribed and sworn to before me this 16 day of July, 1943

My Commission expires My Commission Expires March 4, 19[illegible] Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

Form V. S. 135
25M-3-42
X32339

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