S. No. 2
OM—2-43
v 5-17-43
X3569

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. 16349

FILED JUN 9 1943

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5027

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 11 days
In this community 1½ years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 17

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

(d) Street No. 1335 Glasgow
(If rural, give location)

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

3. (a) PRINT FULL NAME Isaac McClendon

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Selvia McClendon

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased June (Month) 4 (Day) 1873 (Year)

8. AGE: Years 69 Months 11 Days 24 If less than one day hr. min.

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

10. Usual occupation Labor

11. Industry or business

MOTHER FATHER

12. Name James McClendon

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

14. Maiden name Adline

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

16. (a) Informant Selvia McClendon

(b) Address 1335 Glasgow

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 3, 43 (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cem

18. (a) Signature of funeral director J. A. Green

(b) Address 2915 Franklin ave.

19. (a) JUN 1 1943 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 28, year 1943 hour 10 minute 50 AM.

21. I hereby certify that I attended the deceased from May 17, 1943, to May 28, 1943; that I last saw him alive on May 28, 1943; and that death occurred on the date and hour stated above.

Immediate cause of death: Prob. Lung Abscess - non - tuberculous — Duration: Unknown

Due to: Cause unknown

Due to:

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Alva Moore (M. D. or other)

Address 2601 Whittier Date signed 5/29/43

(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.....

Licensed Embalmer No. 2963

P. O. Address 2915 Franklin

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.