

FILED JUN 12 1943

Registration District No. 277

Primary Registration District No. 2068

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

3556

1. PLACE OF DEATH:

(a) County Saint Louis

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

(c) Name of hospital or institution:
3625 Commonwealth Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Maplewood Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. 3625 Commonwealth Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME HARRY G McClure

(b) If veteran, name war None

(c) Social Security No. 489-28-4733

4. Sex M

5. Color or race W

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

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

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

7. Birth date of deceased Oct. 22 1865
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>77</u>	<u>7</u>	<u>11</u>	_____ hr. _____ min.

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

10. Usual occupation Police Officer

11. Industry or business _____

MOTHER FATHER { 12. Name Francis McClure

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

14. Maiden name Mary Hoover

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

16. (a) Informant Lena McClure

(b) Address 3625 Commonwealth

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 7 1943
(Month) (Day) (Year)

(c) Place: burial or cremation Oakhill Cemetery

18. (a) Signature of funeral director Jay B Smith

(b) Address 7456 W. 12th St. St. Louis

19. (a) JUN 8 1943 (Data received local registrar) (b) C. H. McClure, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 4
year 1943 hour 6:50 minute A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Natural causes.

Due to Occluding coronary sclerosis; Myomalacia cordis; Generalized adv. arteriosclerosis; Chronic passive congestion of the liver.

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings:
Of operations _____

Of autopsy Yes.

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 C. H. McClure (M. D. or other) _____

Address Kirkwood, Mo. Date signed 6-5-43

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..... *Albert G. Stoffe*

Licensed Embalmer No..... *2971*

P. O. Address.....

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.