

S. No. 2  
DOM-2-43  
EX. 5-17-39  
PI X356

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23242  
Registrar's No. 6194

FILED JUL 17 1943

Registration District No. 218 Primary Registration District No. 1000

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

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 Phillips Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 days (Specify whether \_\_\_\_\_)

In this community 23 years (Specify whether \_\_\_\_\_  
years, months or days)

3. (a) PRINT FULL NAME Georgia McClain

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or Race Col

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

6. (b) Name of husband or wife Randel McClain

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

7. Birth date of deceased Jan 22 1869  
(Month) (Day) (Year)

8. AGE: Years 74 Months 5 Days 8 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Domestic

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name George Lewis

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

14. Maiden name George Lewis

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

16. (a) Informant Wm McClain

(b) Address 1371 Franklin Ave

17. (a) Burial (b) Date thereof July 8 1943  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation Crescent Cemetery

18. (a) Signature of funeral director J. F. Harrison

(b) Address 2906 Landon

19. (a) JUL 8 1943 (b) J. F. Bredbeck  
(Date received local registrar) (Registrar's signature)

2. 'USUAL RESIDENCE' OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 1311 Franklin  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1943 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from June 21,  
1943 to June 30, 1943;  
that I last saw her alive on June 30, 1943;  
and that death occurred on the date and hour stated above.

Immediate cause of death:  
Pulmonary Edema (Autopsy)  
Nephrosclerosis (Autopsy)  
General arteriosclerosis (Autopsy)  
Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 P. E. Smith (M. D. or other) \_\_\_\_\_  
Address 2601 W. Webster Date signed 7/5/43

Duration  
Indef.

PHYSICIAN  
121

Underline the cause to which death should be charged statistically.

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**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 James A. Lemmers  
Licensed Embalmer No. 4142  
P. O. Address St Louis

**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.**