S. No. 2
DM—2-43
v. 5-17-39
I X35697

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. 5430

FILED MAR 6 1944

Registration District No. 218

Primary Registration District No. 1003

Registrar's No. 1842

**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: 1031 Allen 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:** 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 023
(If outside city or town limits, write "RURAL")

(d) Street No. 1031 Allen Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME Harney T. McClelland

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male

5. Color or race 0 White

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

6. (b) Name of husband or wife Mary F. McClelland

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased December 6, 1861
(Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 82 | 2 | 11 | hr. min. |

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Sam McClelland
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Don't Know
15. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary McClelland
(b) Address 1031 Allen Ave.

17. (a) Burial (b) Date thereof 2/24/44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthew's Cemetery

18. (a) Signature of funeral director WeickBros.
(b) Address 2201 S. Grand Bl.

19. (a) FEB 24 1944 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 17
year 1944 hour 5 A.M. minute M.

21. I hereby certify that I attended the deceased from January 1 1944 to February 12 1944
that I last saw him alive on February 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Endocarditis

Due to Chronic Nephritis

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 0

23. Signature Henry G. Pieper Ph.G. (M. D. or other)
Address 4126 S. Grand Blvd Date signed 2/24/44

(Licensed Embalmer's Statement on Reverse Side)

H. S. Pepper
1307 Geyer
ec 4203

**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.

Not Embalmed

Signed [signature]

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**