S. No. 2
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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. 15818

Registration District No. FILED MAY 3 1944

Primary Registration District No. 6076

Registrar's No. 994

**1. PLACE OF DEATH:**

(a) County: St. Louis

(b) City or town: Pine Lawn
(If outside city or town limits, write "RURAL," and name of township)

(c) Name of hospital or institution: 6211 Dardenella Ave.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)

In this community ?

**2. USUAL RESIDENCE OF DECEASED:**

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

(c) City or town: Pine Lawn
(If outside city or town limits, write "RURAL")

(d) Street No.: 6211 Dardenella Ave.
(If rural, give location)

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

If yes, name country ____

3. (a) PRINT FULL NAME: Mary McClure

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

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Enoch McClure

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

7. Birth date of deceased: September 25, 1857. (Month) (Day) (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 86 | 7 | 0 | ____ hr. ____ min. |

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

10. Usual occupation: Housework

11. Industry or business: ____

FATHER
12. Name: Henry Dumm
13. Birthplace: Unknown (City, town, or county) Ohio. (State or foreign country)

MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) unknown (State or foreign country)

16. (a) Informant: Mrs. Jessie Reynolds

(b) Address: 6211 Dardenella Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Apr. 28, 1944. (Month) (Day) (Year)

(c) Place: burial or cremation: Memorial Park Cemetery

18. (a) Signature of funeral director: CALVIN F. FEUTZ FUNERAL HOME

(b) Address: 4828 Natural Bridge Blvd.

19. (a) APR 28 1944 (Date received local registrar) (b) E. L. McDermott (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month April day 25th year 1944 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from Jan 10, 1944 to Apr 25, 1944 that I last saw h. alive on Apr 25, 1944 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Chronic Myocarditis | 2 years |
| Due to: Chronic Nephritis | 26 mo |
| Due to: Chronic Arteritis | 28 mo |
| Other conditions: None (Include pregnancy within 3 months of death) | |

Major findings:
Of operations: No operation
Of autopsy: No 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): No accid

(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: John T. Hirzel (M. D. or other) MD

Address: 3500 N. Grand Date signed 4/27/44

707 (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 A. Mlinar

Licensed Embalmer No. 4186

P. O. Address 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.**