

FILED JUL 1 1944

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 1385

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Kirkwood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
123 W. Woodbine
(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)

3. (a) PRINT FULL NAME Katherine McClure

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased: Sept 2 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 9 Days 2022 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired

11. Industry or business School teacher

MOTHER FATHER { 12. Name Henry McClure
13. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Aeriel Mutchner
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Anna M. McClure

(b) Address 123 W. Woodbine, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 6-27-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cem. De Soto, Mo.

18. (a) Signature of funeral director Louis H. Bopp, Inc.

(b) Address Kirkwood, Mo.

19. (a) JUN 28 1944 (b) C. H. McClure
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Kirkwood 4
(If outside city or town limits, write "RURAL") 3
(d) Street No. 123 W. Woodbine
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 24
year 1944 hour 1:30 minute P. M.

21. I hereby certify that I attended the deceased from _____ 1938 to June 24 1944
that I last saw her alive on June 24 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Chronic Myocarditis Duration 6 mo

Due to _____

Due to _____

Other conditions: Arthritis 3 yrs
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: 930

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? _____

While at work? _____ (Specify type of place) (r) Means of injury _____

23. Signature C. E. Barnett (M. D. or other) _____

Address 243 W. Jefferson, Kirkwood, Mo. Date signed 6/26-44

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

NOV 24 1944

AUG 31 1944

MAY 25 1948

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.....

Sam M. Squire

Licensed Embalmer No. *4343*

P. O. Address *7415 Zephyr Pl., M...*

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.