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#31102
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 20 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 520
Registrar's No. 298

Registration District No. 318 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County St. Louis, Missouri.
(b) City or town St. Louis, Missouri.
(c) Name of hospital or institution: St. Louis City Hospital
(d) Length of stay: In hospital or institution 15 days
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 5942 Hamilton Terrace
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME Carl McClure
3. (b) If veteran, name war None
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 9th
year 1945 hour 9:05 minute P. M.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Dollie McClure
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased May 19, 1876

21. I hereby certify that I attended the deceased from 12/26/44 to 1/9/45
that I last saw him alive on 1/9/45
and that death occurred on the date and hour stated above.
Immediate cause of death Hemorrhage from duodenal ulcer

8. AGE: Years 68 Months 7 Days 30
If less than one day hr. min.

Due to 11/7

9. Birthplace Kiddville Kentucky
10. Usual occupation Candy Maker.

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business
12. Name William A. McClure
13. Birthplace Kiddville Kentucky
14. Maiden name Nannie Halley
15. Birthplace Kentucky

Major findings: Of operations
Of autopsy same

16. (a) Informant Mrs. R. A. Snoddy
(b) Address 901 Concordia Lane
17. (a) Burial (b) Date thereof Jan 11, 1945
(c) Place: burial or cremation St. Peters Cemetery
18. (a) Signature of funeral director Shepard Funeral Home
(b) Address 1167 Hamilton Avenue.
19. (a) J. F. Prudeck (b) J. F. Prudeck

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature Herbert C. Fritz (M. D. or other)
Address 1515 Lafayette

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

MOTHER, FATHER

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 Gonoski

Licensed Embalmer No. *3398*

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.