

No. 2  
-5-43  
-17-39  
X38671

#270888  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1945

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4535**  
Registrar's No. **1254**

Registration District No. **318** Primary Registration District No. **1003**

1. PLACE OF DEATH:  
(a) County **St. Louis, Mo.**  
(b) City or town **St. Louis, Mo.**  
(c) Name of hospital or institution:  
**St. Louis City Hospital, Max C. Starkloff**  
(d) Length of stay: In hospital or institution **3 Mo-28 days Memorial**  
In this community **50 years**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **175**  
(c) City or town **St. Louis** **9 16**  
(d) Street No. **4161a Connecticut**  
(e) Citizen of foreign country? **0** (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **William McClure**  
3. (b) If veteran, name war **none**  
3. (c) Social Security No. **none**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Feb.** day **7th**  
year **1945** hour **7:15** minute **A.** M.  
21. I hereby certify that I attended the deceased from **1/9/44**  
to **2/7/45**, 19\_\_\_\_, to **2/7/45**, 19\_\_\_\_;  
that I last saw h. **in** alive on **2/7/45**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

4. Sex **male** / 5. Color or race **white**  
6. (a) Single, widowed, married, divorced **2** **widowed**  
6. (b) Name of husband or wife **late Clara McClure**  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **August 15th. 1876**  
(Month) (Day) (Year)

Immediate cause of death **Coronary of neck**  
Due to \_\_\_\_\_  
Due to **55**  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

8. AGE: Years **68** Months **5** Days **22**  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

9. Birthplace **St. Louis Mo.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Packer**  
11. Industry or business \_\_\_\_\_  
12. Name **James McClure**  
13. Birthplace **Ireland**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Unknown**  
15. Birthplace **unknown**  
(City, town, or county) (State or foreign country)

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?

16. (a) Informant **Mrs. F. Roeder**  
(b) Address **4161a Connecticut**  
17. (a) **Burial** (b) Date thereof **Feb. 10-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Friedens Cemetery**  
18. (a) Signature of funeral director **Hy. Leidner U. Co.**  
(b) Address **2223 St. Louis Ave.**  
19. (a) **FEB 8 1945** (b) **J. F. Bredeck**  
(Date received local registrar) (Registrar's signature)

23. Signature **E. W. Lybman** (M. D. or other)  
Address **1515 Lafayette** **2/7/45** signed \_\_\_\_\_

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

**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 P. Bushkatz*

Licensed Embalmer No. *1674*

P. O. Address *2223 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.**