

FILED APR 23 1945 8

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1. 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1mo-1day
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Thomas Mc Clure

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

3. (c) Social Security No.

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARIE McCLURE

6. (c) Age of husband or wife if alive 25 years

7. Birth date of deceased JULY 6 1915
(Month) (Day) (Year)

8. AGE: Years 29 Months 8 Days 28 If less than one day hr. min.

9. Birthplace ST. LOUIS MO. 0
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business

12. Name THOMAS McCLURE

13. Birthplace ILLINOIS 1
(City, town, or county) (State or foreign country)

14. Maiden name CATHERINE MANION

15. Birthplace MISSOURI 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie McClure

(b) Address 3738 1/2 Lincoln av

17. (a) BURIAL (b) Date thereof APRIL 7 1945
(Burial, cremation or other) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette av

19. (a) APR 5 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000
17

(c) City or town ST. LOUIS 0

(d) Street No. 3738 1/2 Lincoln av. 11
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4th
year 1945 hour 3:35 minute A. M.

21. I hereby certify that I attended the deceased from 3/3/45
19 to 4/4/45
that I last saw him alive on 4/4/45
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis
chest chills & blood tinged sputum

Due to _____

Due to _____

Other conditions Pulmonary tuberculosis
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

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:

(c) 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)

(c) Means of injury _____

23. Signature E. J. Schnur (M. D. or other)
Address 1515 Lafayette 4/4/45

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

Joseph B. Vollmer

Licensed Embalmer No. *4214*

P. O. Address *St. Louis 4 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.