S. No. 2
0M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 28 1945

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 28924

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 8138

**1. PLACE OF DEATH:**

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2166 Lafayette Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None (Specify whether
In this community 27 Years years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000
(c) City or town St. Louis 17-B
(If outside city or town limits, write "RURAL")
(d) Street No. 2166 Lafayette Ave. 9
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jerry McClaunch

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bessie

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

7. Birth date of deceased Aug (Month) 13 (Day) 1890 (Year)

8. AGE: Years 55 Months 1 Days 4 If less than one day hr. min.

9. Birthplace Harrisburg (City, town, or county) Ark. (State or foreign country)

10. Usual occupation Ins. Salesman

11. Industry or business

FATHER
12. Name Kit Claunch
13. Birthplace Ark. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Betty Hamilton
15. Birthplace Ark. (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Claunch
(b) Address 2166 Lafayette Ave.

17. (a) Motor (Burial, cremation, or removal) (b) Date thereof 9 (Month) 19 (Day) 45 (Year)
(c) Place: burial or cremation Desloge Missouri

18. (a) Signature of funeral director A. W. McLaughlin
(b) Address 2301 Lafayette Ave.

19. (a) SEP 19 1945 (Date received local registrar) (b) J. Medell (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 9 day 17 year 45 hour 8 minute 30-P M.

21. I hereby certify that I attended the deceased from July 15th. 1945 to Sept. 15th. 1945 that I last saw him alive on Sept. 15th. 1945 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death: Metastatic cancer of lung | 2 Mos |
| Due to: Cancer of the rectum | 1 Year |
| Due to: | |
| Other conditions (Include pregnancy within 3 months of death): | |
| Major findings: Of operations: Cancer of the rectum 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? (Specify type of place)
While at work? (e) Means of injury

23. Signature C. S. W. Jennings (M. D. or other)
Address 2278 S. Jefferson Date signed 9-18-45

(Licensed Embalmer's Statement on Reverse Side)

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## 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 L. R. Cooper

Licensed Embalmer No. 3638

P. O. Address 2317 Lafayette

**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.**