

S. No. 2
DM-2-43
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#56184
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 18 1946
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

State File No. **14968**
Registrar's No. **3214**

Registration District No. _____ Primary Registration District No. _____

1. PLACE OF DEATH:
(a) County _____
(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 - Max C. Starkloff
(If not in hospital or institution, write street number or location) Memorial
(d) Length of stay: In hospital or institution _____ (Specify whether, _____)
In this community Three Days years, months or days

3. (a) PRINT FULL NAME HEBER MCCLANAHAN

3. (b) If veteran, name war _____ 3. (c) Social Security 385-01-2453

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alma McClanahan 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased May 11 1895 (Month) (Day) (Year)

8. AGE: Years 50 Months 10 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Bakersville Tenn. (City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business _____

12. Name A. J. McClanahan

13. Birthplace Dover Tenn. (City, town, or county) (State or foreign country)

14. Maiden name Dorothy Andrews

15. Birthplace Dover Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma McClanahan
(b) Address 4040 Delmar Blvd.

17. (a) Burial (b) Date thereof April 8, 1946 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery
(d) Signature of funeral director Chas. A. Bull
(e) Address 4452 Washington Blvd.

19. (a) APR 7 1946 (b) J. F. Bredak (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 4040 Delmar Blvd. (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6th
year 1946 hour 9:30 minute A

21. I hereby certify that I attended the deceased from 4/3/46 19____ to 4/6/46 19____
that I last saw him alive on 4/6/46 19____
and that death occurred on the date and hour stated above.

Immediate cause of death cirrhosis of liver
Due to _____

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy cirrhosis

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, or in public place? _____

While at work _____ (Signature of physician) (e) Address of injury _____

23. Signature R. L. Hutchfield 1515 Lafayette 4/6/46
Address _____ Date 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..... *Rex C. Campbell*

Licensed Embalmer No..... *3881*

P. O. Address..... *St Louis, 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.