S. No. 2
M—2-43
. 5-17-39
-I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1946

STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

18066

State File No.

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 1034

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Carsonville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
4220 Carson Rd. /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:** 96

(a) State Missouri (b) County St. Louis

(c) City or town Carsonville 0
(If outside city or town limits, write "RURAL")

(d) Street No. 4220 Carson Rd 0
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Martha McClure

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female /

5. Color or race White

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

6. (b) Name of husband or wife Samuel McClure

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

7. Birth date of deceased Sept. 7th 1863
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 6 If less than one day hr. min.

9. Birthplace McLeansboro Illinois /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Dave Cox
13. Birthplace Unknown Unknown 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary O'Niel
15. Birthplace Unknown Illinois /
(City, town, or county) (State or foreign country)

16. (a) Informant Edward Welsch
(b) Address 4220 Carson Rd

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 16-46
(Month) (Day) (Year)
(c) Place: burial or cremation Wappapello Mo.

18. (a) Signature of funeral director Jos. W. Clark
(b) Address 1125 Hodiamont Ave

19. (a) 5-11-46 (Date received local registrar) (b) E. G. McGavran MD (Registrar's signature) 98

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month May day 13th year 1946 hour 8.00 minute A. M.

21. I hereby certify that I attended the deceased from February 1, 1946, to 13 May, 1946 that I last saw her alive on 8 May, 1946 and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Cardiac arrest | min? |
| Due to Coronary occlusion c̄ myocardial infarction | hrs. |
| Due to Arteriosclerotic ht disease c̄ coronary sclerosis | Yrs. |
| Other conditions (Include pregnancy within 3 months of death) | |

Major findings:
Of operations
Of autopsy Not done. 94

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 Joseph D. Judy (M. D. or other) MD
Address Ferguson, Mo. Date signed 13 May 46

(Licensed Embalmer's Statement on Reverse Side)

Dr. [illegible]
O. O. Hughes
Ferguson Mo.

**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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 1125 Hodiamont Ave

**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.**