

FILED MAY 16 1946  
318

Registration District No.

Primary Registration District No.

Registrar's No.

4087

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: 3408 UNION AV.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

3. (a) PRINT FULL NAME CLAUDE E. MCCLURE

3. (b) If veteran, name war. 3. (c) Social Security No. 488-05-4699

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife CLAUDE MCCLURE 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased MARCH 24 1888  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
58 1 9 hr. min.

9. Birthplace Belleville Ill 9  
(City, town, or county) (State or foreign country)

10. Usual occupation CHAUFFEUR

11. Industry or business

12. Name ELMER MCCLURE

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

14. Maiden name FANNIE KIRKBRIDE

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

16. (a) Informant Mrs. Clo McClure

(b) Address 4619 Pope Av

17. (a) BURIAL (b) Date thereof MAY 7-46  
(Burial, cremation, or other) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

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

(b) Address 3125 Lytle Av

19. (a) MAY 6 1946 (b) J. F. Bredak  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000  
(c) City or town ST. LOUIS 917  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4619 POPE AV. 90  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3  
year 1946 hour 8 minute 45p M.

21. I hereby certify that I attended the deceased from 12-13 1946 to 5-3 1946  
that I last saw him alive on 5-22 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chr. 6 mo  
Heart Block, final.  
Due to Coronary blood disease  
Due to 92

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature Geo A. Mellies (M. D. or other)  
Address 2739 N. Grand Date signed 5-4-46

**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.....

Licensed Embalmer No. *4014*

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.**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No.

June

Registration District No. 314

Primary Registration District No. 1003

Registrar's No.

4087

## 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:  
(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)

3. (a) PRINT  
FULL NAME

Claude E. McClure

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced.....

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

7. Birth date of deceased Mar 24  
(Month) (Day) (Year)

8. AGE: Years 58 Months 1 Days 1 If less than one day  
hr. min.

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

## 10. Usual occupation

## 11. Industry or business

12. Name.....  
13. Birthplace..... (City, town, or county) (State or foreign country)  
14. Maiden name.....  
15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....  
(b) Address.....  
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)

- (c) Place: burial or cremation.....  
18. (a) Signature of funeral director.....  
(b) Address.....

19. (a) (Date received local registrar) (b) J. F. Brueck  
MAY 23 1946

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State..... (b) County.....  
(c) City or town..... (If outside city or town limits, write "RURAL")  
(d) Street No..... (If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May year 1946 hour 10 minute 30 M.

21. I hereby certify that I attended the deceased from..... to....., 19.....  
that I last saw him alive on....., 19.....  
and that death occurred on the date and hour stated above.  
Immediate cause of death.....

- Due to.....  
Due to.....

- Other conditions.....  
(Include pregnancy within 3 months of death)

- Major findings:  
Of operations.....

- Of autopsy.....

## PHYSICIAN

Underline  
the cause to  
which death  
should be  
charged sta-  
tistically.

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?

- While at work?..... (Specify type of place)  
(e) Means of injury.....

23. Signature..... (M. D. or other).....  
Address..... Date signed.....

18662