No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19107

FILED MAY 22 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4843

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: Deaconess Hospital (If not in hospital or institution, write street number or location)

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

In this community

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Richmond Heights. (If outside city or town limits, write "RURAL")

(d) Street No. 1111 Bellevue Ave., (If rural, give location)

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

If yes, name country

NR.

3. (a) PRINT FULL NAME LEONA ALICE McCLEARN.

3. (b) If veteran, name war No

3. (c) Social Security No. 499-05-6871

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mathew M. McClearn.

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

7. Birth date of deceased Oct. (Month) 12 (Day) 1877 (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	29	hr. min.

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

10. Usual occupation Private Secretary; for

11. Industry or business Walter O. Heckmann .C.P.A.

MOTHER FATHER

12. Name George W. Boner.

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

14. Maiden name Emma Straw.

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

16. (a) Informant Mrs. John A. Worley.

(b) Address 1107 Monroe ,Topeka, Kansas.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 5-13-47. (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Crematory.

18. (a) Signature of funeral director C.R.Lupton & Sons.

(b) Address 7233 Delmar Blvd.,

19. (a) MAY 13 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11 year 1947 hour 8 minute 10 A.M.

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

Immediate cause of death Cerebral hemorrhage Duration

Due to Hypertension

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings of operation Dec. 16, 1946

Of autopsy

PHYSICIAN — Underline the cause of 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? Means of injury

23. Signature (M. D. or other)

Address Date signed 5/12/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Clarence H. Murray

Licensed Embalmer No. 4011

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.