S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26258

FILED AUG 4 1947

Registration District No. 3 / 1

Primary Registration District No. 3063

Registrar's No. 1619

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days (Specify whether
In this community 2 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County St. Louis 96
(c) City or town Jennings
(If outside city or town limits, write "RURAL")
(d) Street No. 7151 Garesche
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Rose McClure
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced W 2
6. (b) Name of husband or wife George McClure
6. (c) Age of husband or wife if alive years
7. Birth date of deceased June (Month) 25 (Day) 1862 (Year)

8. AGE: Years 85 | Months 1 | Days 1 | If less than one day hr. min.

9. Birthplace Calhoun County (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housekeeper
11. Industry or business General Housework
FATHER
12. Name John Seidler
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)
16. (a) Informant Bertha Harris
(b) Address 7149 Garesche
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 7-27-47 (Month) (Day) (Year)
(c) Place: burial or cremation Brussells, Ill.
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.
19. (a) 7-31-47 (Date received local registrar) (b) Carl A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1947 hour 7 minute 55 P.M.
21. I hereby certify that I attended the deceased from July 23, 1947, to July 26, 1947;
that I last saw her alive on July 26, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral thrombosis	
Due to Arteriosclerosis 836	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
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? (e) Means of injury 0
23. Signature B. Smith Jr. M.D. (M. D. or other)
Address 601 S. Brentwood, Clayton, Mo Date signed 7/27/47

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.....John S. Dennehy.....

Licensed Embalmer No.....4194.....

P. O. Address.....

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.