S. No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV #7763 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36011

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10021

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 #1. O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community 36 years years, months or days)

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. 1021 Franklin Ave., (If rural, give location)

25

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

If yes, name country

000
17
9
0

3. (a) PRINT FULL NAME WILLIAM MCCLINTOCK

3. (b) If veteran, name war unknown

3. (c) Social Security No. Unknown

4. Sex male O

5. Color or race white

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased October 16th, ? (Month) (Day) (Year)

8. AGE: Years 74? Months Days If less than one day hr. min.

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

10. Usual occupation unknown

11. Industry or business

FATHER
12. Name John McClintock
13. Birthplace Tenn (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Giddeon
15. Birthplace unknown (City, town, or county) (State or foreign country)

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) Anatomical Board (Burial, cremation, or removal) (b) Date thereof 10-17-47 (Month) (Day) (Year)

(c) Place: burial or cremation Washington

18. (a) Signature of funeral director W. Kelly

(b) Address 350 Rutger St.

19. (a) OCT 30 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 25th year 1947 hour 3:32 minute P M.

21. I hereby certify that I attended the deceased from 9/18/47, 19, to Sept. 25th, 19 47 that I last saw him alive on Sept. 25th 19 47 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Encephalopathy

Due to Arteriosclerotic Heart Disease with hypertension

Due to

Other conditions Benign Prostatic Hypertrophy (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

Duration

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

23. Signature Albert Repsholdt (M. D. or other)

Address 1515 Lafayette Date signed 9/25/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING 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.....

Licensed Embalmer No.....

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.