

FILED DEC 15 1947

Registration District No. **318**

Primary Registration District No. **1008**

Registrar's No. **11212**

1. PLACE OF DEATH:

(a) County **ST. LOUIS**

(b) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **209 WALNUT ST.?**  
(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:

(a) State **Mo** (b) County **ST. LOUIS**

(c) City or town **ST. LOUIS**  
(If outside city or town limits, write "RURAL")

(d) Street No. **#14 WINDERMERE PL. 9**  
**5** (If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME **NINA MCCLURE**

3. (b) If veteran, name war.....

3. (c) Social Security No. ....

4. Sex **FEMALE** 5. Color or race **WHITE**

6. (a) Single, widowed, married, divorced **WIDOWED**

6. (b) Name of husband or wife **JOHN** 6. (c) Age of husband or wife if alive **28 1/2** years (Day) (Year)

7. Birth date of deceased **JAN 28 1871**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **10** Days **8** If less than one day  
hr. min.

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

10. Usual occupation **AT HOME**

11. Industry or business.....

12. Name **EMILE THOMAS** 5

13. Birthplace **FRANCE**

14. Maiden name **MARGARET BRENNAN**

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

16. (a) Informant **J. P. Gleason**  
(b) Address **#14 Windermere P.**

17. (a) **Burial** (b) Date thereof **12/9/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **CALVARY CEM.**

18. (a) Signature of funeral director **J. F. Bredack**  
(b) Address **5165 Delmar St.**

19. (a) **DEC 8 1947** (b) **J. F. Bredack**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **Dec**  
year **1947** hour **12** minute **30 P.M.**

21. I hereby certify that I attended the deceased from **12-6-** 19 **47**, to **-12-6-** 19 **47**, that I last saw her alive on **12-6-** 19 **47**, and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis**

Due to **Arterio Sclerotic Heart Disease**

Other conditions (include pregnancy within 3 months of death).....

Major findings: Of operations **0/2**

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?..... (Specify type of place)

While at work?..... (e) Means of injury **0**

23. Signature **L. Husella** (M. D. or other) **0**  
Address **3720 Washington** Date signed **12/17/47**

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

MOTHER FATHER

**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.....

*T. G. Harris*

Licensed Embalmer No.....

*3384*

P. O. Address.....

*T. G. Harris*

**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.