U. S. No. 2
OM—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 9 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 43274

Registrar's No. 11706

1. PLACE OF DEATH:
(a) County
(b) City or town: St. Louis MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 5673 Enright Ave
(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: 50 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 200
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 5673 Enright Ave. 9
(If rural, give location) 6
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: EBELL VERNON MCCLURE
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Darnell McClure
6. (c) Age of husband or wife if alive: 73 years
7. Birth date of deceased: Mar. 21 (Month) 1869 (Year)

8. AGE: Years 78 | Months 9 | Days 1 | If less than one day hr. min.

9. Birthplace: Cornersville (City, town, or county) Tenn. (State or foreign country)
10. Usual occupation: Retired Clerk
11. Industry or business: City of St. Louis

FATHER
12. Name: Wm. McClure
13. Birthplace: Cornersville (City, town, or county) Tenn. (State or foreign country)

MOTHER
14. Maiden name: Harriett Esselman
15. Birthplace: Lynnville (City, town, or county) Tenn. (State or foreign country)

16. (a) Informant: Harriette McClure
(b) Address: 5673 Enright
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-24-47 (Month) (Day) (Year)
(c) Place: burial or cremation: Oakhill Cem.
18. (a) Signature of funeral director: Allendale & Son
(b) Address: 617 S Delmar Blvd.
19. (a) DEC 23 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 22 year 1947 hour 7 minute 30 P.M.

21. I hereby certify that I attended the deceased from Oct. 24, 1947 to Dec 22, 1947 that I last saw him alive on Dec 19, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Hemiplegia (apoplexy) — Duration 2 mo
Due to: Hypertension - arterio sclerosis
Due to:
Other conditions (Include pregnancy within 3 months of death): —
Major findings: Of operations: No
Of autopsy: No

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): No
(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: John J. Langenh (M. D. or other)
Address: 5808 Kingsbury St. Louis Date signed Dec 23 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. N. J. Pongan
5803 Plymouth
Cor. 0220

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address 6175 Delmar

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.