No. 2
—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 23 1948

Registration District No. 27

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6026

State File No. 3532

Registrar's No. 87

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 Days (Specify whether years, months or days)
In this community: 11 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: 00
(c) City or town: St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No.: 829 Breaman 9
(If rural, give location)
(e) Citizen of foreign country? - (Yes or No) 1
If yes, name country: -

3. (a) PRINT FULL NAME: McCLURG, Edgar B.
3. (b) If veteran, name war: WW-1
3. (c) Social Security No.: 499 01 3478
4. Sex: Male 4
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Helen
6. (c) Age of husband or wife if alive: 46 years
7. Birth date of deceased: November (Month) 30 (Day) 1896 (Year)

8. AGE: Years 51 | Months 1 | Days 9 | If less than one day ... hr. ... min.

9. Birthplace: Peoria, (City, town, or county) Illinois (State or foreign country) 1
10. Usual occupation: None
11. Industry or business:
FATHER 12. Name: Elmer McClurg
13. Birthplace: Peoria, (City, town, or county) Illinois (State or foreign country) 1
MOTHER 14. Maiden name: Maude Dewey
15. Birthplace: Peoria, (City, town, or county) Illinois (State or foreign country) 1
16. (a) Informant: Registrar
(b) Address: Jefferson Barracks, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 1-12-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Nat'L Cem. Jeff.Bks.Mo.
18. (a) Signature of funeral director: C.Hoffmeister U&L Co.
(b) Address: 7814 S.Bdwy. St.Louis, Mo.
19. (a) 1-12-48 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 8 year 1948 hour 11:00 minute P.M.

21. I hereby certify that I attended the deceased from December 28, 1947 to January 8, 1948 that I last saw him alive on January 8, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: CARCINOMA OF LUNG WITH EXTENSION TO THE VERTEBRAL CANAL AND COMPRESSION OF SPINAL CORD

Contributary cause: PURULENT BRONCHITIS WITH PULMONARY

Due to: EDEMA AND CONGESTION

Other conditions: - (Include pregnancy within 3 months of death)

Major findings: Of operations:

Of autopsy: Autopsy performed (See cause of death.)

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): None
(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: 0

23. Signature: L.E. Stilwell L.E.Stilwell M. D.
Address: Jefferson Barracks, Mo. Date signed: 1/9/48

(Licensed Embalmer's Statement on Reverse Side)

Jefferson City Printing Co.

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

JAN 24 1948

JAN 29 1948

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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

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.