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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6685

FILED FEB 28 1948 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 1505

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis 3
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Pronounced dead at Dr. Homer Phillips Hospital
(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 27 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2664a Lucas Ave. 9
(If rural, give location)

21 0

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

If yes, name country

3. (a) PRINT FULL NAME CALVESTER McCLINE

3. (b) If veteran, name war #2

3. (c) Social Security No. --

4. Sex Male 2

5. Color or race C

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug. (Month) 15 (Day) 1919 (Year)

8. AGE:	Years	Months	Days	If less than one day
	28	5	25	hr. min.

9. Birthplace Trenton (City, town, or county) Ark. (State or foreign country) 1

10. Usual occupation Laborer

11. Industry or business --

FATHER
12. Name Oscar McCline
13. Birthplace Caldonia (City, town, or county) Miss. (State or foreign country) 1

MOTHER
14. Maiden name Maudie Gunter
15. Birthplace Caldonia (City, town, or county) Miss. (State or foreign country) 1

16. (a) Informant Rosie Lee McCline
(b) Address 2664a Lucas Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-16-48 (Month) (Day) (Year)
(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Chas. J. Gates
(b) Address 4107 Finney Ave.

19. (a) FEB 13 1948 (Date received local registrar) (b) J. F. Brecken (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 10th
year 1948 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death: Gun Wound of Heart
Inflicted With Knife in the hands of one Barry King (Col) when he
Due to: deceased attempted to run out of
6 11 N. Jefferson Ave. Around
Due: 11:30 P.M. Feb. 10, 1948

Duration

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 168
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) Suicide Homicide
(b) Date of occurrence Feb. 10, 1948
(c) Where did injury occur? St. Louis Mo. (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, or industrial place, in public place? Public Street (Specify type of place)
While at work? (e) Means of injury Gun 3

23. Signature Patrick C. Taylor Dep. Coroner (M. D. or other)
Address 1300 Clark Ave. Date signed 2-12-48

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 Guy Shelton, Registered Apprentice No. 3, working under my personal supervision.

Signed Thomas Potts

Licensed Embalmer No. 4259

P. O. Address 4107 Finney Ave.

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.