FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

6704

State File No. 1247

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

1. PLACE OF DEATH:

(a) County: St. Louis

(b) City or town: (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Homer G. Phillips Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 9 days (Specify whether years, months or days)

In this community: 30 yrs

2. USUAL RESIDENCE OF DEACESED:

(a) State: Missouri (b) County: 000

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

(d) Street No.: Infirmary City (If rural, give location) 9

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country:

3. (a) PRINT FULL NAME: Ed McLemore

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

3. (c) Social Security No.:

4. Sex: male 2

5. Color or race: col

6. (a) Single, widowed, married, divorced: widowed 2

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: JUNE (Month) 15 (Day) 1865 (Year)

8. AGE: 82 Years ~~83~~ | Months 7 ~~11~~ | Days 16 ~~27~~ | If less than one day: hr. 13 min.

9. Birthplace: SPRING CREEK TENN, (City, town, or county) (State or foreign country) 7

10. Usual occupation: railroad porter

11. Industry or business: none

FATHER
12. Name: unkown 9
13. Birthplace: unkown (City, town, or county) (State or foreign country) 7

MOTHER
14. Maiden name: unkown 9
15. Birthplace: unkown (City, town, or county) (State or foreign country) 7

16. (a) Informant: Mrs Alice Duncan
(b) Address: Greenfield Tenn

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation: Milan, Tenn.

18. (a) Signature of funeral director: Pipe + Walker F.H.
(b) Address: 2829 Washington Blvd

19. (a) FEB 6 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 1 year 1948 hour 11 minute 30 p.m.

21. I hereby certify that I attended the deceased from Jan. 23, 1948 to Feb. 1, 1948 that I last saw him alive on Feb. 1, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis; Hypertension	Undet.
Due to	
Due to	
Other conditions: Chronic Glomerulornephritis (Include pregnancy within 3 months of death)	

Major findings:
Of operations: —
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):
(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: Oscar L. Daniels (M.D. or other)
Address: 2601 N Whittier Date signed 2/3/48

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 T E Cooper, Registered Apprentice No. 505 working under my personal supervision.

Signed James Thyatt

Licensed Embalmer No. 4441

P. O. Address 2829 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.