No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 7 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10269

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 3008

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

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: St.Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks (Specify whether years, months or days)
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 522a St. Joseph Street
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Maude Hemphill
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced M
6. (b) Name of husband or wife Frank
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased May 5, 1870 (Month) (Day) (Year)
8. AGE: Years 77 Months 10 Days 21 If less than one day hr. min.
9. Birthplace (City, town, or county) Illinois (State or foreign country)
10. Usual occupation house-wife
11. Industry or business at home
MOTHER FATHER
12. Name Thomas McClintock
13. Birthplace (City, town, or county) Ireland (State or foreign country)
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country)
16. (a) Informant Frank Hemphill
(b) Address 522a St. Joseph Street
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-29-48 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cemetery
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) MAR 29 1948 (Date received local registrar) (b) J.F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th year 1948 hour 8 minute A M.
21. I hereby certify that I attended the deceased from 3/13/48, 19, to March 26th, 1948 that I last saw her alive on March 26th, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia	Duration
	3 da.
Due to unknown cause	
Due to	
Other conditions Rheumatoid arthritis (Include pregnancy within 3 months of death) Malnutrition	

Major findings:
Of operations
Of autopsy

PHYSICIAN — Underline the cause to 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
23. Signature John Murphy Jr MD (M.D. or other)
Address 1515 Lafayette Date signed 3/26/48

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

3608

Signed C. H. Cooper

Licensed Embalmer No. 5830

P. O. Address 2301 Lafayette

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.