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17-39
3908

FILED AUG 23 1948

Registration District No. **318**

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

Primary Registration District No. _____

State File No. **27978**

Registrar's No. **6991**

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 Carante Home 3 Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 000
(c) City or town St Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1406 Papin St 9
(If rural, give location) h
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RUFFUS McClung
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Aug day 6
year 1948 hour 9:36 minute A M.
21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

4. Sex Male 5. Color or race negr
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Vilma McClung 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased unknown 1986
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.
Immediate cause of death Coronary Occlusion Coronary Sclerosis Duration

8. AGE: Years about 62 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace Summerside Miss
(City, town, or county) (State or foreign country)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Labor
11. Industry or business _____
12. Name Albert Mc. Clung
13. Birthplace unknown
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

14. Maiden name Lucy unknown
15. Birthplace unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Dan S Ruffin
(b) Address 1406 Papin St
17. (a) Burial (b) Date thereof 8 10th 48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oakdale cemetery
18. (a) Signature of funeral director A. S. Ruffin
(b) Address 212 Carroll St
19. (a) AUG 9 1948 (b) J. B. Budeck
(Data received local registrar) (Registrar's signature)

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? _____
While at work _____ (Specify type of place) _____
Means of injury 3
23. Signature Dr. W. J. Perry (M. D. or other) _____
Address _____ Date signed 8/7/48

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 Leroy U. Bonmeister
Licensed Embalmer No. 4523
P. O. Address 3880 Easton 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.