

No. 300
10-47
5-17-39
I 3906

FILED SEP 20 1948

State File No. _____

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **7899**

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis
(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 2 days
(Specify whether in this community _____ years, months or days)

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. 4348 Desoto Ave.
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME Watt E McClanahan

3. (b) If veteran, name war _____

3. (c) Social Security No. 709-10-2131

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 5
year 1948 hour 9 minute _____ a. M.

21. I hereby certify that I attended the deceased from Sept. 3 1948 to Sept. 5 1948
that I last saw h im alive on Sept. 5 1948
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Melissa McClanahan 6. (c) Age of husband or wife if alive 59 yrs years

7. Birth date of deceased: Jan 18 1876
(Month) (Day) (Year)

Immediate cause of death Acute Intestinal Obstruction, Large Bowel Cause not known
Duration Undet.

8. AGE: Years 72 Months 7 Days 17 If less than one day hr. _____ min. _____

Due to _____

Due to _____

Other conditions None indicated
(Include pregnancy within 3 months of death)

9. Birthplace Fulton, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Pullman Porter

11. Industry or business Pullman Porter

12. Name Sam McClanahan

13. Birthplace Fulton, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Amelia (Unknown)
(City, town, or county) (State or foreign country)

15. Birthplace Unavailable
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Melissa McClanahan
(b) Address 4348 De Soto Ave

17. (a) Burial (b) Date thereof Sept. 9. 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

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

19. (a) SEP 8 1948 (b) J. F. Bradeen
(Date 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?
(Specify type of place)

While at work _____ (e) Means of injury _____

23. Signature Charles Hozier (M. D. or other) _____
Address 2601 N Whittier Date signed 9/7/48

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

MOTHER FATHER

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.....

~~John K. Cunningham~~

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Thomas H. [Signature]

Licensed Embalmer No. 4359

P. O. Address. 4107 Finney Avenue

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.