

FILED NOV 12 1948

318

Primary Registration District No. **100's**

Registrar's No. **9337**

34

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

1. PLACE OF DEATH:

(a) County _____

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

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

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 18 years
years, months or days

3. (a) PRINT FULL NAME McCLELLAN, Jack

3. (b) If veteran, name war WW-2

3. (c) Social Security No. 412-10-1036

4. Sex Male 2

5. Color or race Negro

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

6. (b) Name of husband or wife Anna Mae

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased September 1st, 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 1 Days 23
If less than one day hr. _____ min. _____

9. Birthplace Jackson Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

12. Name Unavailable McClellan

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

14. Maiden name Minnie

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

16. (a) Informant Anna Mae McClellan

(b) Address 1216 N. 16th Street

17. (a) Burial (b) Date thereof 10/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Charles J. Gates

(b) Address 4107 Finney Avenue

19. (a) OCT 28 1948 (b) J. B. Sauter
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County None **520**

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

(d) Street No. 1216 N. 16th Street **9**
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24th,
year 1948 hour 9:05 minute A. 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 Pulmonary Embolism (2) fracture of left ankle during an altercation with one Nelson Boddie (Col.) at 2106 Division St around 2:00 P.M. Sept. 24, 1948

Other conditions whether intentional or accidental could not be determined

Major findings: Open Verdict

Of operations _____

Of autopsy _____

Duration _____

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 Sept 24, 1948

(c) Where did injury occur? St. Louis Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
In public place
(Specify type of place)

While at work? _____ (a) _____ (b) Means of injury _____

23. Signature John C. Jones (M.D. or other) **3**

Address 1300 Clark Avenue Date signed _____

63 AUG 18 1961

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 John R Cunningham
Licensed Embalmer No. 4476
P. O. Address 4107 Finney

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.