

No. 300
1-10-47
5-17-39
I 3905

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

34429
State File No.
Registrar's No. 9224

FILED NOV 6 1948 318

Registration District No. Primary Registration District No. 1003

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

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: Route to Citen Hospital 3
(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 Missouri (b) County 020
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 3413a N. 9th St. 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Martha Mc Clure

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife James 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August 2 1877
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
71 2 20 hr. min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name George Mueller 4
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Anna Kasselhut
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant James E. Mc Clure

(b) Address 3413a N. 9th St.

17. (a) Burial (b) Date thereof 10-26-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem Cemetery

18. (a) Signature of funeral director: Math. Hermann & Son., Inc.

(b) Address 2161 E. Fair Ave

19. (a) OCT 25 1948 (b) J. B. Luster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 22
year 1948 hour 6 minute 45 P. M.

21. I hereby certify that I attended the deceased from 6-28-48, 19... to 10-22-48, 19...;
that I last saw h. er alive on 10-8-48, 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration don't know.

Due to none

Due to

Other conditions 9/2
(Include pregnancy within 3 months of death)

Major findings: Of operations

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?

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

While at work? (Specify type of place)

Signature Walter H. Sporeman (e) Means of injury (1)

Address 1506 St. Louis Date signed 10-23-48

