

FILED MAR 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7011

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6576 Registrar's No. 352

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Illinois b. COUNTY Saint Clair 979	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis Jeff Barr		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN E. St. Louis 11	
c. LENGTH OF STAY (in this place) 12 days		d. STREET ADDRESS (If rural, give location) 307a No. 5th St., E. 2	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Veterans Administration Hosp.			

3. NAME OF DECEASED (Type or Print) ORVILLE MC CLELLANE			4. DATE OF DEATH (Month) (Day) (Year) February 11, 1949		
a. (First)		b. (Middle)		c. (Last)	

5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0	8. DATE OF BIRTH April 14, 1893	9. AGE (In years last birthday) 55	IF UNDER 1 YEAR	IF UNDER 24 HRS.
				Months	Days	Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) E. St. Louis, Ills 1	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Sylvia (Maiden Name Unk)	14. NAME OF HUSBAND OR WIFE None
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes WW-1	16. SOCIAL SECURITY NO. 333-01-7918	17. INFORMANT'S SIGNATURE OR NAME REGISTRAR VAH, Jefferson Barracks, Missouri	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unk
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY TUBERCULOSIS		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) -	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? -
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22. I hereby certify that I attended the deceased from **February 2, 1949**, to **February 11, 1949**, that I last saw the deceased alive on **February 11, 1949**, and that death occurred at **4:30 a m.**, from the causes and on the date stated above.

23a. SIGNATURE L. E. Stilwell (Degree or title) MD 1	23b. ADDRESS VAH, Jefferson Barracks, Mo.	23c. DATE SIGNED 2/11/49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 16, 1949	24c. NAME OF CEMETERY OR CREMATORY National	24d. LOCATION (City, town, or county) (State) Jefferson Barracks Mo
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DATE REC'D BY LOCAL REG. 2-14-49	REGISTRAR'S SIGNATURE Shirley L. ...	25. FUNERAL HOME OR OTHER PLACE OF INTERMENT Burke Fun. Home - 3300 State St., E. St. L., Ill
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

96000

No. 300

10.48

JUN 1 1949

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.....

Student Embalmer No.

Working under my personal supervision.

Student
Student Embalmer

Signed *Chas M. Burke*

Licensed Embalmer No. 2421

P. O. Address East St. Louis, Ill

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.