

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 25 1950

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State File No. 28430

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. <u>7065</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis, Mo.</u> <u>1211 Garrison Ave.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis, Mo.</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		2119			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1211 N. Garrison</u>				d. STREET ADDRESS (If rural, give location) <u>3604 Finney Ave.</u>					
3. NAME OF DECEASED (Type or Print) <u>Edward</u>			a. (First) _____			b. (Middle) _____			
c. (Last) <u>McClure</u>			4. DATE OF DEATH <u>Aug. 16, 1950</u>		Month _____ Day _____ Year _____				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Aug. 25, 1897</u>			
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____		II 22			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barber Shop</u>		11. BIRTHPLACE (State or foreign country) <u>Vicksburg, Miss.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Alex McClure</u>			13b. MOTHER'S MAIDEN NAME <u>Patsy Ann Townsel</u>			14. NAME OF HUSBAND OR WIFE <u>Esther McClure</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. (If yes, give year or date of service) <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Esther McClure</u>		ADDRESS <u>3604 Finney</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Hypertensive Heart Disease</u>				INTERVAL BETWEEN ONSET AND DEATH _____ ?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____					
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____ (Min) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>H-42 X</u>					
22. I hereby certify that I attended the deceased from <u>6-12-1950</u> , to <u>8-16-1950</u> , that I last saw the deceased alive on <u>8-16-1950</u> and that death occurred at <u>4:30 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Robert M. Scott, M.D.</u> (Degree or title) _____				23b. ADDRESS <u>3007 Easton Ave.</u>		23c. DATE SIGNED <u>8-19-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 21, '50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Washington Park</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>			
DATE REC'D BY LOCAL <u>AUG 21 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Parater</u>		25. FUNERAL DIRECTOR'S SIGNATURE (ADDRESS) <u>C. T. Dosh 384 Page</u>					

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

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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 C. J. Nash

Licensed Embalmer No. 2432

P. O. Address 3847 Page

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.