

FILED APR 5 1951

STANDARD CERTIFICATE OF DEATH

State File No. 10949

4004

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3062 Registrar's No. 834

1. PLACE OF DEATH a. COUNTY <u>St. Louis</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>Maplewood</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Maplewood</u> 4554	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7328 Flora avenue</u>		d. STREET ADDRESS (If rural, give location) <u>7328 Flora avenue</u> 0	
3. NAME OF DECEASED (Type or Print) a. (First) <u>CLIFTON</u> b. (Middle) <u>T</u> c. (Last) <u>MC CLANAHAN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 29 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>4-14-1878</u>
9. AGE (In years last birthday) <u>72</u>		IF UNDER 1 YEAR <u>11</u> Months <u>15</u> Days	IF UNDER 24 HRS. <u>15</u> Hours <u>15</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u> 1
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Richard E. McClanahan</u>	
13b. MOTHER'S MAIDEN NAME <u>Ann Maclin Townes</u>		14. NAME OF HUSBAND OR WIFE <u>Annie McClanahan</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>James J. McClanahan</u>		ADDRESS <u>2619 Big Bend</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Carcinoma of rectum</u> DUE TO (c) <u>arterio sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION <u>11-19-49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum 154x</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21b. PLACE OF INJURY (e.g., in, about home, farm, factory, street, office, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>10-23, 1949</u> , to <u>3-29, 1951</u> , that I last saw the deceased alive on <u>3-29, 1951</u> , and that death occurred at <u>7 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>H. J. Sweeney D.M.P.</u> (Degree or title)		23b. ADDRESS <u>2816 Sutter</u>	
23c. DATE SIGNED <u>3-30-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>4-2-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis, Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Jay B. Smith</u> ADDRESS <u>Maplewood, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/31/51</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Somke M.D.</u>	

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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No.....

Signed *J.P. Burgess*

Licensed Embalmer No. *4029*

P. O. Address *Maplewood*

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.