No. 300
10.48

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

FILED MAY 9 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16445

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 541 Registrar's No. 1168

1. PLACE OF DEATH
a. COUNTY: St. Louis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (In this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Louis County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Louis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meacham Park Kirkwood #773
d. STREET ADDRESS (If rural, give location): 206 New York St.

3. NAME OF DECEASED (Type or Print): a. (First) Elias b. (Middle) c. (Last) McClure

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 53

5. SEX M **6. COLOR OR RACE** Negro **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) Married **8. DATE OF BIRTH** 9-8-1873 **9. AGE** (In years last birthday) 79 IF UNDER 1 YEAR: Months 7 Days 13 IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Minister
10b. KIND OF BUSINESS OR INDUSTRY: Church
11. BIRTHPLACE (City and State or Foreign Country): Union County, Kentucky
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: George McClure
13b. MOTHER'S MAIDEN NAME: Eliza Slack
14. NAME OF HUSBAND OR WIFE: Letitia McClure

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Annie Mae Alexander ADDRESS 206 New York

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pyelonephritis Chronic — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Generalized Arteriosclerosis — –

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 6000
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18, 1953, *to* 4-22, 1953, *that I last saw the deceased alive on* 4-22, 1953 *and that death occurred at* 7:55 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Hen[illegible] M.D. (Degree or title)
23b. ADDRESS 601 S. Brentwood Clayton
23c. DATE SIGNED 4-24-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-25-53
24c. NAME OF CEMETERY OR CREMATORY Father Dickson
24d. LOCATION (City, town, or county) Kirkwood (State) Mo.

DATE REC'D BY LOCAL REG. 4-24-53
REGISTRAR'S SIGNATURE Herbert R. Semple M.D.
25. FUNERAL DIRECTOR'S SIGNATURE Charles Gates **ADDRESS** 4807 Finney
(Licensed Embalmer's Statement on Reverse Side)

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 Thomas S. Stetler

Licensed Embalmer No. 4259

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.