No. 300
20.48

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

FILED NOV 15 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 34964

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9464

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY
c. CITY OR TOWN: St. Louis
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐ 9
e. STREET ADDRESS (If rural, give location): 4947 Washington avenue 12 2 10

**3. NAME OF DECEASED** (Type or Print)
a. (First): Maude
b. (Middle): Tressa
c. (Last): McClain

**4. DATE OF DEATH** (Month) (Day) (Year): October 24, 1955

**5. SEX**: female 1
**6. COLOR OR RACE**: white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): widowed 2
**8. DATE OF BIRTH**: 10-3-1887
**9. AGE** (In years last birthday): 68 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): housewife
**10b. KIND OF BUSINESS OR INDUSTRY**: at home
**11. BIRTHPLACE** (City and State or Foreign Country): Cape Girardeau, Mo. 0
**12. CITIZEN OF WHAT COUNTRY?**: USA

**13a. FATHER'S NAME**: Ephrom Poinsett
**13b. MOTHER'S MAIDEN NAME**: unknown
**14. NAME OF HUSBAND OR WIFE**: Harvey McClain

**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.**: 494-24-3755
**17. INFORMANT'S SIGNATURE OR NAME** ADDRESS: Carmel Bueker, 4523 Clayton ave.

**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) Coronary occlusion and acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — Sev. Yrs.
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**
**19b. MAJOR FINDINGS OF OPERATION**
420.1
**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* 10/24, 1955, *to* 10/24, 1955, *that I last saw the deceased alive on* 10/24, 1955, *and that death occurred at* 2:45p m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: F R Bradley
(Degree or title): M. D.
**23b. ADDRESS**: BARNES HOSPITAL
**23c. DATE SIGNED**: 10/25/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): removal
**24b. DATE**: 10-25-55
**24c. NAME OF CEMETERY OR CREMATORY**
**24d. LOCATION** (City, town, or county) (State): Fairview Arbor, Mo.

DATE REC'D BY LOCAL REG.: OCT 31 1955
REGISTRAR'S SIGNATURE: J. Earl Smith M.D.
**25. FUNERAL DIRECTOR'S SIGNATURE** ADDRESS: Haman, Cape Girardeau, Mo.
S.P. (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 emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 43

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.