

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28784**
Registrar's No. **7536**

FILED SEP 6 1956

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH
a. COUNTY _____

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **St. Louis**

c. CITY OR TOWN **St. Louis**

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Louis Chronic Hospital**

e. STREET ADDRESS (If rural, give location) **4375 Evans**

2119

3. NAME OF DECEASED
a. (First) **Alexander** b. (Middle) _____ c. (Last) **McClure**

4. DATE OF DEATH (Month) (Day) (Year) **8 9 1956**

5. SEX **N**

6. COLOR OR RACE **N**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Divorced**

8. DATE OF BIRTH **4/13/1885**

9. AGE (In years last birthday) **73**

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) **Retired Janitor**

10b. KIND OF BUSINESS OR INDUSTRY **Lane Tabernacle Church**

11. BIRTHPLACE (City and State or Foreign Country) **Rocheport, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U. S. A.**

13a. FATHER'S NAME **Alex McClure**

13b. MOTHER'S MAIDEN NAME **Katie Pipes McClure**

14. NAME OF HUSBAND OR WIFE **Girlean -**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No**

16. SOCIAL SECURITY NO. **Unknown**

17. INFORMANT'S SIGNATURE OR NAME ADDRESS **St. Louis Chronic Hospital, 56-5800 Arsenal**

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) **Hypertensive Cardiovascular Disease**
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.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION **443 x**

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) (Min.)

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 **12/21**, 19**56**, to **8/9**, 19**56**, that I last saw the deceased alive on **8/9**, 19**56**, and that death occurred at **12:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE **George M. Janala, M.D.** (Degree or title)

23b. ADDRESS **5600 Arsenal**

23c. DATE SIGNED **Aug 10, 1956**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal**

24b. DATE **8/15/56**

24c. NAME OF CEMETERY OR CREMATORY **Washington Park Cemetery**

24d. LOCATION (City, town, or county) (State) **St. Louis County, Mo.**

DATE REC'D BY LOCAL REG. **AUG 14 1956**

REGISTRAR'S SIGNATURE **J. Carl Smith, M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Charles J. Gates, 4107 Finney Ave.**

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

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.....
Signature of Student Embalmer

Signed *Arthur L. Hilliard*

Licensed Embalmer No.....4221

P. O. Address.....1107 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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