

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-027624
STATE FILE NUMBER

FILED AUG 4 1958 Registration District No. 317 Primary Registration District No. 531 Registrar's No. 1985

300
1-57

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN University City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN University City
f. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 Harvard Avenue		Length of stay in lb Years	d. STREET ADDRESS (If outside, give location) 3 Harvard Avenue
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First LEONA Middle E Last McCLURE			4. DATE OF DEATH Month July Day 26th Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 9th, 1885	9. AGE (In years less birthday) 72	IF UNDER 1 YEAR Months 11 Days 17	IF UNDER 24 HRS. Hours Min.
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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 country) Winona, Minnesota	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME William Wagner		13b. MOTHER'S MAIDEN NAME Frances Motschenbacher		14. NAME OF HUSBAND OR WIFE Robert David McClure	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Robert D. McClure, Jr. 625 Hickory Lane		
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Hypertensive Cardiovascular disease				INTERVAL BETWEEN ONSET AND DEATH 1950
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____		443X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Aneurysm of ascending aorta				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
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20c. TIME OF INJURY Hour _____ :Month, Day, Year a.m. _____ p.m. _____	
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
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21. I attended the deceased from Aug 30 1951 to July 26 1958 and last saw her alive on July 24 1958 Death occurred at 5:00 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
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22a. SIGNATURE Ray S. Williams		(Degree or title) O M.D.	22b. ADDRESS 114 North Taylor		22c. DATE SIGNED 7/28/1958
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/29/1958	23c. NAME OF CEMETERY OR CREMATORY Valhalla Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		
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24. FUNERAL DIRECTOR C. R. Lupton & Sons 7233 Delmar Blvd.		25. DATE RECD. BY LOCAL REG. 7-28-58	26. REGISTRAR'S SIGNATURE Hubert P. Danke M.D.		
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related. Occur, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed.

114 N. Taylor
JE. 3-8600
Hours: 5 to 4

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 *Arnold W. Schoene*

Licensed Embalmer No. *3864*
P. O. Address *St. Louis, Mo.*

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.