

S. No. 2
M-5-42
7. 5-17-39
P-1 X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 4 1942
318

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32195

State File No.
Registrar's No. 8806

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County.....
(b) City or town. St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1 718 Clara
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... (Specify whether
In this community..... 1 mo
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 000
(c) City or town St. Louis 9/12
(If outside city or town limits, write "RURAL")
(d) Street No. 718 Clara Ave
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME JOHN THOMAS McCLURG
3. (b) If veteran, name war..... 3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 23
year 1942 hour..... minute 11 a.m.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased Sept 18 1942
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Oct 3 1942 to Oct 23 1942
that I last saw him alive on Oct 23-42
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
1 5 hr..... min.

Immediate cause of death: Diagnosed = Pneumonia Duration 5 days

9. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)

Due to Following: Influenza

10. Usual occupation.....

Due to.....

11. Industry or business.....

Other conditions (Include pregnancy within 3 months of death) 2 3 4

12. Name Harold Clinton McClure

Major findings: 11

13. Birthplace Jefferson Co. Ill
(City, town, or county) (State or foreign country)

Of autopsy.....

14. Maiden name Netta Evelyn Moral

22. If death was due to external causes, fill in the following:
Accident, suicide, or homicide (specify).....

15. Birthplace Netta Mo
(City, town, or county) (State or foreign country)

(b) Date of occurrence.....

16. (a) Informant Harold Clinton McClure

(c) Where did injury occur?..... (City or town) (County) (State)

(b) Address 418 Clara

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
.....

17. (a) Removal (b) Date thereof 10/23/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(Specify type of place) (e) Means of injury.....

18. (a) Signature of funeral director C. C. White

23. Signature Paul Vinyard (M. D. or other).....

(b) Address 425 9th St

Address 3718 A Olive Date signed 10-23-42

19. (a) OCT 23 1942 (b) J. P. Brown
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE 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.....

NOT EMBALMED

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Carl White Montuoy

Licensed Embalmer No.....

P. O. Address.....

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.