

FILED JAN - 5 1948

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10783

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: St. Louis City Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution Mo. 5 Days
 (Specify whether
 In this community
 years, months or days)

3. (a) PRINT FULL NAME Claude Grover McInturff3. (b) If veteran, name war no 3. (c) Social Security No.4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Annie McInturff 6. (c) Age of husband or wife if alive 40 years7. Birth date of deceased May 11 1891
(Month) (Day) (Year)8. AGE: Years 51 Months 7 Days 103 If less than one day hr. min.9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)10. Usual occupation Switchman11. Industry or business Terminal R. R.12. Name Samuel McInturff13. Birthplace Tennessee
(City, town, or county) (State or foreign country)14. Maiden name Mouise McMullen15. Birthplace Jefferson County Mo
(City, town, or county) (State or foreign country)16. (a) Informant Louise McInturff(b) Address 2519 N. 10th St.17. (a) Burial (b) Date thereof Dec. 26 - 42
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Frieden's Cemetery18. (a) Signature of funeral director H. Jean Le H. Co(b) Address 2707 N. Grand Bldg19. (a) DEC 26 1942 (b) J. F. Beedack
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
 (c) City or town St. Louis 12
 (If outside city or town limits, write "RURAL") 926
 (d) Street No. 2519 N. 10th St.
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24
year 1942 hour 12:10 minute A. M.21. I hereby certify that I attended the deceased from November
19, 1942, to December 24, 1942,
that I last saw h. im alive on December 24, 1942
and that death occurred on the date and hour stated above.Immediate cause of death Pulmonary tuberculosis F. A.Due to Diabetes mellitusDue to Luprene bot. footDue to Leg amputationOther conditions
(Include pregnancy within 3 months of death)Major findings:
Of operations 12Of autopsy as above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur?
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 (Specify type of place)
 While at work? (e) Cause of injury 0

23. Signature Drewon Steiner (M. D. or other)
Address 1515 Lafayette Avenue, Date signed 12/24/42

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Paul F. Krollenberg

Licensed Embalmer No. *2630*

P. O. Address *2707 N Grand*

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.