

No. 2  
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-17-39  
X32873

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39045

State File No. ....

FILED JAN 13 1943  
318

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9281

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: BARNES HOSP. 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 2 WKS (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State ILLINOIS (b) County VIRGINIA  
(c) City or town VIRGINIA  
(If outside city or town limits, write "RURAL")  
(d) Street No. 200 S JOB STREET  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME LUTHER McLAMARRAH

3. (b) If veteran, name war NO 3. (c) Social Security No. 355-01-8654

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced DIVORCED  
6. (b) Name of husband or wife ESSIE McLAMARRAH 6. (c) Age of husband or wife if alive UNK years  
7. Birth date of deceased JUNE 5 1897 (Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 0 If less than one day hr. min.

9. Birthplace BARROW ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation FARMER

11. Industry or business

12. Name LEONARD T. HOS. McLAMARRAH

13. Birthplace ILLINOIS (City, town, or county) (State or foreign country)

14. Maiden name ARLICE COSSEY

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

16. (a) Informant MRS. LONA HILBURN

(b) Address 4320 WINDELL

17. (a) BURIAL (b) Date thereof 11/8/42 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation BARROW, ILL.

18. (a) Signature of funeral director BERGER MEMORIAL

(b) Address 4715 McPHERSON

19. (a) NOV 6 1942 (b) J. F. Braddock (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOV day 5th year 1942 hour 2 minute 50 P. M.

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19..... that I last saw h..... alive on ..... 19..... and that death occurred on the date and hour stated above.

Immediate cause of death..... Duration

Due to Pulmonary Infarction;

Due to Cardiac Hypertrophy;

Other conditions (Include pregnancy within 3 months of death) 93

Major findings: Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?.....

While at work..... (Specify type of place) (Specify means of injury)

23. Signature of Registrar J. F. Braddock (M. D. or other)

Address ..... Date signed 11/6/42

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

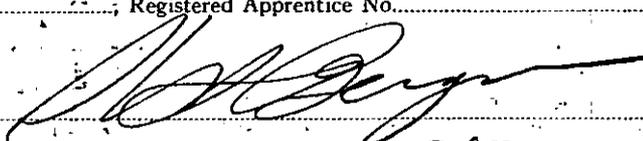
MOTHER FATHER

**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.....  


Licensed Embalmer No..... 1597

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.**