

S. No. 2
M-9-4-41
5-17-39
PI X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

FILED MAR 20 1943

318

STANDARD CERTIFICATE OF DEATH

State File No. 8542
2347
Registrar's No.

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: 2805 Geyer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
In this community. Life'
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town 2805 Geyer Ave. St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 233
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME LINDA MAY McCLAIN
3. (b) If veteran, name war No
3. (c) Social Security No No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 10th
year 1943 hour 10 minute 30 a. M.

4. Sex F
5. Color or race W
6. (a) Single, widowed, married, divorced, infant
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: 3 19 42
(Month) (Day) (Year)

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

8. AGE: Years Months Days If less than one day
0 11 21 hr. min.

Immediate cause of death: Charred body from a fire caused by an explosion of a old Peatley store in the home Due to 2805 1/2 Geyer ave about 10:40 am 3/10-43 Damage to building \$600.00 Contents 200.00

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

10. Usual occupation Infant

Other conditions (include pregnancy within 3 months of death)

11. Industry or business

12. Name Charles McClain

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

14. Maiden name Ruth Rossan

15. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Charles McClain

(b) Address 2805 Geyer Ave.

17. (a) Burial (b) Date thereof 3/12/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director A. K. M. Laughlin
(b) Address 2301 Lafayette Ave.

19. (a) J. F. Bredbeck (b) J. F. Bredbeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations: Of autopsy:

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) 000

(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) (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Date signed 3/11/43

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

L R Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

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.