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FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics
FILED AUG 28 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 27979
Registrar's No. 7377

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Enroute to City Hospital #1. 3
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days 5 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3123 St. Vincent Street 9
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME SAINT ELMO McCLURE
3. (b) If veteran, name war WW #1 3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 22nd
year 1948 hour 12:20 minute _____ a.m.
21. I hereby certify that I attended the deceased from 4-1-44
19____ to 8-22 1948
that I last saw him alive on 8/20 and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W 1
6. (b) Name of husband or wife Mattie Hood 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased October 21, 1892
(Month) (Day) (Year)

Immediate cause of death the myocardial
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 55 Months 10 Days 1 If less than one day _____ hr. _____ min.
9. Birthplace Falmouth, Kentucky (City, town, or county) (State or foreign country) 1
10. Usual occupation Car Inspector
11. Industry or business L & N Railroad

MOTHER FATHER { 12. Name Sam B. McClure
13. Birthplace Missouri (City, town, or county) (State or foreign country) 0
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country) 9

16. (a) Informant Mattie E. McClure
(b) Address 3123 St. Vincent Street
17. (a) Removal (b) Date thereof 8-23-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Atlanta, Georgia
18. (a) Signature of funeral director A.W. McLaughlin
(b) Address 2301 Lafayette Avenue
19. (a) AUG 23 1948 (b) J.F. Breda
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 27674 Park Ave Date signed 8-24-48

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

Dr. L.V. Garvin
2767a Park Avenue La 1844
3907 Potomac Street Pr. 4007

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 230 N 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.