

No. 2
-1/47
-17-39

FILED NOV 12 1948

State File No. _____

9364

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. _____

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..... **St. Louis City Hospital 0**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Washington** ¹¹⁰
 (c) City or town..... **Belgrade** ⁰
(If outside city or town limits, write "RURAL")
 (d) Street No. **NR** ⁰
(If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No) ¹
 If yes, name country.....

3. (a) PRINT FULL NAME **Martha Ellen McClintock**

3. (b) If veteran, name war..... **No**

3. (c) Social Security No. **None**

4. Sex..... **Female** 5. Color or race..... **White**

6. (a) Single, widowed, married, divorced..... **Married**

6. (b) Name of husband or wife..... **Charles McClintock**

6. (c) Age of husband or wife if alive..... **87** years

7. Birth date of deceased..... **July 5 1862**
(Month) (DAY) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	3	23 hr. min.

9. Birthplace..... **Washington Co., Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Housewife**

11. Industry or business.....

12. Name..... **Unknown Hughes** ⁹

13. Birthplace..... **Unknown** ⁹
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown Kirkpatrick** ⁹

15. Birthplace..... **Unknown** ⁹
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John A. McClintock**

(b) Address..... **2323 So. Compton**

17. (a) **Burial** (b) Date thereof..... **10-31-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Farmington, Mo.**

18. (a) Signature of funeral director..... **Albert H. Hoppe**

(b) Address..... **4700 Washington Blvd.**

19. (a) **OCT 29 1948** (b) **J. B. Zaesler**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **Oct.** day..... **28**
 year..... **1948** hour..... **3:25** minute..... **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..... **Fracture of Right Hip, Atherosclerosis, upon she fell at her home on Oct. 23, 1948 about 7:20 P.M. while walking in her bedroom**

Due to.....

Due to.....

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

Major findings: **100% 100% 100%**

Of operations.....

Of autopsy.....

PHYSICIAN

 Underline the cause of which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify)..... **Accident**

(b) Date of occurrence..... **Oct 23 1948** ⁰⁰⁰

(c) Where did injury occur?..... **St. Louis, Mo.**
(City or town) (County) (State)

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

While at work..... (e) Means of injury..... **see above**

23. Signature..... **Albert H. Hoppe** (M. D. or other) **3**
 Address..... **4700 Washington Blvd.** Date signed..... **10/29/48**

WRITE PLAINLY—USING 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 Elmer R. Padwell
Licensed Embalmer No. 4077

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.