

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

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39
1906

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 14 1948
Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH
Primary Registration District No. 1003

38404
State File No. 10493
Registrar's No.

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:
St. Louis State Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County...
(c) City or town..... St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2323 So. Compton
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3: (a) PRINT FULL NAME Ella Fraser 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, or separated Married

6. (b) Name of husband or wife Arthur McClintock
6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased August 21 1885
(Month) (Day) (Year)

8. AGE: Years 63 Months 3 Days 10
If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

12. Name William Wood

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

14. Maiden name Susannah Evans

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

16: (a) Informant Arthur McClintock

(b) Address 2323 So. Compton

17: (a) Burial (b) Date thereof 12-4-48
(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) DEC 2 1948 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December 1st
year 1948 hour 12:55 minute P. M.

21. I hereby certify that I attended the deceased from April 26, 1948, to December 1, 1948;
that I last saw her alive on December 1, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death
Cerebral Arteriosclerosis 1948x.
Hypertensive Heart Disease 1948x.

Due to
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

Duration

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) (a) Means of injury

23. Signature Jack R. [Signature] (M. D. or other)
Address 5400 Arsenal St Date signed 12/7/48

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 *Edward W. Dietrich*

Licensed Embalmer No. 4329

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.