MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

42945

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. Alexan Bros Hospitial St. ..... Ward)

File No. ..... Registered No. 12218

2. FULL NAME Jesse McClanahan

(a) Residence. No. 1104 Dillon Str St., 22 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Husband of Pinkie McClanahan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 29 1888

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
40.	1	13.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Pipe Fitter

(b) General nature of industry, business, or establishment in which employed (or employer): Chemical Plant

(c) Name of employer: Monto Sento Chemical Co

9. BIRTHPLACE (CITY OR TOWN): Bonne Terre

(STATE OR COUNTRY): Mo.

PARENTS

10. NAME OF FATHER: Jacob McClanahan

11. BIRTHPLACE OF FATHER (CITY OR TOWN): Farmington

(STATE OR COUNTRY): Mo.

12. MAIDEN NAME OF MOTHER: Mahalia Dudley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Bonne Terre

(STATE OR COUNTRY): Mo

14. INFORMANT: Pinkie McClanahan

(Address) 1104 Dillon Str.

15. FILED DEC 15 1928, 19.... Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 12 1928

17. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....., that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 2.15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shock & Burns
(1-2 & 3 Degree
Due to an explosion in
Crude Still (Industrial) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) (Chemical
Accident (Fire Burning Body) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? .....

8/1/28

(Signed) J. W. Conner, M. D

12/14/28 (Address) Dep. Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Park Lawn Cemetery	Dec 15 1928.
20. UNDERTAKER: McLaughlin	ADDRESS: 163 Arsenal

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD