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.

APR 8 1937

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

Do not use this space.

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. 9578

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City, Mo. (No. Kansas City Industrail Hosp. St. Ward)

2. FULL NAME Calvin B. St Clair

(a) Residence, No. 1106 Ewing St. K. C. Mo. Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/29/1911

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	25	5	14	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Butler Mfg. Co.

10. Date deceased last worked at this occupation (month and year) 3/7/37

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER

13. NAME Charles L. St Clair

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Co. Mo.

MOTHER

15. MAIDEN NAME Stella Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Charles L. St Clair (father) 1106 Ewing St

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lone Jack Mp DATE 3/15/37, 19

19. UNDERTAKER (ADDRESS) Sheil Funeral Home 6606 Indep. Ave., K. C. Mo.

20. FILED Mch 14, 1937 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/13/37, 19

22. I HEREBY CERTIFY, That I attended deceased from Sept 19, to ..., 19...

I last saw h... alive on 9/40, 19... Death is said to have occurred on the date stated above, at ...m.

The principal cause of death and related causes of importance were as follows:

Date of onset

Pushing injury of Arm and shoulder

Maceration and Cellulitis of shoulder

Other contributory causes of importance: 205

Name of operation Autopsy Date of ...

What test confirmed diagnosis? Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury 3/7/37, 19

Where did injury occur? 7200 E 13th K.C. Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Arm caught in steel roller

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify

(Signed) [illegible], M. D.

(Address) [illegible]