

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

32226
Do not use this space.

OCT 14 1937

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1008**
(c) City St. Louis (d) Street No. St. John's Hospital Registered No. **8280**
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. 7 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Harry Clymer

(a) Residence, No. St. **RP Steelville, Missouri**
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1870

7. AGE YEARS 66 MONTHS 10 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Attorney
9. Industry or business in which work was done, as saw mill, bank, etc. Office
10. Date deceased last worked at this occupation (month and year) Aug. 1937 11. Total time (years) spent in this occupation 40

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

FATHER 13. NAME Daniel Clymer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Davis Clymer
(ADDRESS) 1010 Pine St

18. BURIAL, CREMATION, OR REMOVAL PLACE Steelville, Mo DATE Aug. 30, 1937

19. FUNERAL DIRECTOR Alexander & Sons
(ADDRESS) 6175 Delmar Blvd.

20. FILED SEP 3 1937 J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 28th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 24th, 1937, to Aug 28th, 1937

I last saw him alive on Aug 28th, 1937. Death is said

to have occurred on the date stated above, at 3:45 P. m.

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

Cerebral Hemorrhage Date of onset 8/18/37

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 1937

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify 6 E. Matlock, M. D.

(Signed) 6 E. Matlock
(Address) 4030 Chestnut Ave

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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Dr. C. E. Matthews

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STATEMENT BY LICENSED EMBALMER

I, J. Wm Bentley, Licensed Embalmer No. 3653

hereby certify that the body recorded on the reverse side of this certificate was embalmed by self

..... L. E.

No. or by Ernest O. Stoney, Registered Apprentice No. X X

working under my personal supervision.

Signed J. Wm Bentley
Licensed Embalmer No. 3653

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.)