

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

1990
Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 3006 Registered No. 12
 (c) City Columbia (d) Street No. 612 Hysart St St.
 (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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

William Sherman St. Clair 532
 (a) Residence, No. 612 Hysart St. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Louise C. St. Clair
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-20-1860
 7. AGE YEARS 78 MONTHS 0 DAYS 2 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 9. Industry or business in which work was done, as saw mill, bank, etc. minister
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Wellsburg (STATE OR COUNTRY) West Virginia

FATHER 13. NAME John D. St. Clair
 14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elizabeth Jane Mendel
 16. BIRTHPLACE (CITY OR TOWN) Wellsburg (STATE OR COUNTRY) West Virginia

17. INFORMANT (ADDRESS) Wm G. St. Clair
Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 1-23-1938

19. FUNERAL DIRECTOR (ADDRESS) Parker Furniture Co.
Columbia, Mo.

20. FILED 1/24/1938 Allie Selby Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-22-1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 12, 1938, to Jan 22, 1938. I last saw him alive on Jan 20, 1938. Death is said to have occurred on the date stated above, at 8:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic hypertensive Date of onset 3
Chronic myocarditis 3
arterio-sclerosis
 Other contributory causes of importance:

Name of operation _____ Date of _____
 What test performed? _____ 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 _____, 19____
 Where did injury occur? FEB 21 1938 (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 BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) J. H. St. Clair M.D.
 (Address) Columbia

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.

STATEMENT BY LICENSED EMBALMER

I, W D Philbrick, Licensed Embalmer No. 3893

hereby certify that the body recorded on the reverse side of this certificate was embalmed by W D Philbrick

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed W D Philbrick

Licensed Embalmer No. 3893

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.)