

RECORDED NOV 13 1939
Registration District No.

791

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH: **1003**
(a) County 1
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. Pacific Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one day
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME MILLARD LOUIS CLEMENS **482**

3. (b) If veteran, name war _____ 3. (c) Social Security No. 702099848

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Alta M. Clemens 6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased 4 18 1887
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation P. P. Engineer

11. Industry or business Mo. Pacific P. R.

MOTHER FATHER { 12. Name Francis Clemens 0

13. Birthplace Unknown 0
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Conway 7

15. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs M. L. Clemens
(b) Address 353 Christian Ave. Baden

17. (a) Burial (b) Date thereof 10-7-1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bellevue
18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell St.

19. (a) OCT 6 1939 (b) J. H. Goodrich
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 1
(c) City or town Baden **8**
(If outside city or town limits, write "RURAL")
(d) Street No. 353 Christian Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 4
year 1939 hour 10 minute 05 P.M.

21. I hereby certify that I attended the deceased from Oct. 3
1939 to Oct. 4, 1939
that I last saw him alive on Oct. 4, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis
Duration _____

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

Major findings: MI
Of operations _____
Of autopsy _____
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? _____

(Specify type of place) _____
(e) Means of injury _____
While at work _____
23. Signature Geo W. Blankenship (M. D. _____)
Address 1755 S. Grand Date signed Oct 5-39

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

MARGIN RESERVED FOR BINDING

50M-6-17-39
Rev. 6-17-39
1 x 19311

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.

FIG 2 / ...

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 Jack H. Loken
Licensed Embalmer No. 4115

P. O. Address 4024 Lindell Blvd
St. Louis
MO.

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, above space should be left blank.