S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9244

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2227

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1435 West Billon Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ? (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1435 West Billon Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Susie Clemons

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

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Clemons
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased Sept. (Month) 26 (Day), 1880 (Year)

8. AGE: Years 59 Months 5 Days 23 If less than one day hr. min.

9. Birthplace St. Louis County, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

MOTHER FATHER
12. Name Joseph Wheeler
13. Birthplace ? (City, town, or county) Ky. (State or foreign country)
14. Maiden name Unknown
15. Birthplace ? (City, town, or county) Ky. (State or foreign country)

16. (a) Informant Henry Clemons
(b) Address 1435 W. Billon ave
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/24/40. (Month) (Day) (Year)
(c) Place: burial or cremation Greenwood Cem.
18. (a) Signature of funeral director Russell Und. Co.
(b) Address 2732 Pine Street
19. (a) MAR 23 1940 (Date received local registrar) (b) J. F. Bullock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st year 1940 hour 7 minute 0 M.
21. I hereby certify that I attended the deceased from 8.30.39, 19__, to 3-20-, 1940; that I last saw her alive on 3.20.40, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Pyemia
Septic Decubitis
Due to Encephalo-malacia
Due to ****
Other conditions (Include pregnancy within 3 months of death) ****
Major findings: Of operations ****
Of autopsy ***

Duration

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)
While at work? (e) Means of injury

23. Signature Wm. G. Ward (M. D. or other)
Address 3214 S. Grand Date signed 3-22-40

(Licensed Embalmer's Statement on Reverse Side)

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 Joel Russell

Licensed Embalmer No. 4112

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.