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.

I X14028

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

11432
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis — Registration District No. 423
(b) Township Rock — Primary Registration District No. 5578 — Registered No. 11
(c) City — (d) Street No. — 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 516 Clarence Joeseph Pemberton
(a) Residence, No. Arnold, Mo. St.
(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): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9, 1885
7. AGE: YEARS 54 — MONTHS 4 — DAYS 16 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as saw mill, bank, etc. none
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

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

FATHER
13. NAME Charles Pemberton
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ILL.

MOTHER
15. MAIDEN NAME Margaret Terrell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT (ADDRESS) Ma rgaret Terrell Arnold, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE March 28th 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fendler. Und. Co. 7420 Michigan

20. FILED 3-26th 1940 Phil J. Kirk Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 1940

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By holding Inquest March 25, 1940
~~I last saw h~~ ~~alive on~~ ~~19~~ Death is said to have occurred on the date stated above, at 12:00 m.
The principal cause of death and related causes of importance were as follows:

Tuberculosis of the lungs.

Date of onset

Other contributory causes of importance:

Name of operation — Date of
What test confirmed diagnosis? Clinical 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? (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
(Signed) Frank Frazier, Coroner M.D.
384 (Address) Festus, Mo.

(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 Wilson Collins

Licensed Embalmer No. 3867

P. O. Address 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.