

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Clayton  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution St. Louis County Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 days  
In this community 3 years  
(Specify whether years, months or days)

## 3. (a) PRINT FULL NAME

James Claborn

3. (b) If veteran, name war

?3. (c) Social Security No. 494-07-10334. Sex male5. Color or race colored6. (a) Single, widowed, married, divorced married6. (b) Name of husband or wife Mary Bell Claborn6. (c) Age of husband or wife if alive 46 years7. Birth date of deceased Jan.  
(Month)24  
(Day)1888  
(Year)

8. AGE:

Years

Months

Days

If less than one day

5294

hr.

min.

9. Birthplace

UnknownMiss.

(City, town, or county)

(State or foreign country)

10. Usual occupation

laborer

11. Industry or business

Wagner Electric Co.

12. Name

Wash Unknown

13. Birthplace

UnknownLa.

(City, town, or county)

(State or foreign country)

14. Maiden name

Eane Wilson

15. Birthplace

UnknownLa.

(City, town, or county)

(State or foreign country)

16. (a) Informant

Mary Bell Claborn

(b) Address

26 Tuttle St.

17. (a)

Burial  
(Burial, cremation, or removal)

(b) Date thereof

11-2-40  
(Month) (Day) (Year)

(c) Place: burial or cremation

Washington Park Cem.

18. (a) Signature of funeral director

Lee J. Sned

(b) Address

23 Tuttle St. Kinloch, Mo.

19. (a) NOV 1 1940

(Date received local registrar)

(b) W. H. Fordman Jr.  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis  
(c) City or town S. Kinloch  
(If outside city or town limits, write "RURAL")  
(d) Street No. 26 Tuttle St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 28  
year 1940 hour 4 minutes 00 A. M.

21. I hereby certify that I attended the deceased from 10-22-40  
to 10-28-40, 19\_\_\_\_; that I last saw him alive on 10-28-40, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death

Atherosclerosis

Due to

hypertension

Due to

Other conditions hyperplasia of adrenals  
(Include pregnancy within 4 months of death)

Major findings:

Of operations

Of autopsy atherosclerosis, hyperplasia of adrenals, hyperplasia of heart

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? \_\_\_\_\_

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

W. H. Fordman Jr.(M. D. 10/28/40)

Address

26 Tuttle St.

Date signed

10/28/40

**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.....

*myself*  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed.....

*[Signature]*  
Licensed Embalmer No. *226*

P. O. Address *2812, Canal, Havana*

**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, fact should be so stated above.**