No. 2
4-13-40
3-17-59
I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAR 11 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

8255.

State File No.

Registration District No. 789 Primary Registration District No. 200 Registrar's No. 359

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

1. PLACE OF DEATH:
(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Admitted 7/2/37 (Specify whether years, months or days)
In this community unknown.

2. USUAL RESIDENCE OF DECEASED:
(a) State Illinois (b) County
(c) City or town Venice
(If outside city or town limits, write "RURAL")
(d) Street No. 134-A Broadway.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME Clarence George
3. (b) If veteran, name war World War
3. (c) Social Security No. none.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Letty
6. (c) Age of husband or wife if alive - years
7. Birth date of deceased July (Month) 12 (Day) 1889 (Year)
8. AGE: Years 51 Months 7 Days 1 If less than one day hr. min.
9. Birthplace Olive Branch (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Laborer
11. Industry or business
MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Laura Arnold
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant M. Schilling
(b) Address Clirical Clerk, VAF, Jeff. Bks., Mo.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof FEB. 17, 41 (Month) (Day) (Year)
(c) Place: burial or cremation ST. TRINITY CEM.
18. (a) Signature of funeral director C. Hoffmeister
(b) Address 7814 S. Broadway
19. (a) FEB 17 1941 (Date received local registrar) (b) R. Meyer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13th year 1941 hour 8:45 minute p. M.
21. I hereby certify that I attended the deceased from July 2, 1937, to February 13, 1941; that I last saw him alive on February 13, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arthritis Deformans, extensive, severe.	Unknown
~~Due to~~ -	
~~Due to~~	
Broncho-pneumonia.	1 day

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations -
Of autopsy No 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) no
(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 C. W. HUGHES, M.D., (M. D. or other) D
Address Chief Medical Officer. Date signed 2/14/41

(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 Louis C. Hoffmeister

Licensed Embalmer No. 8871

P. O. Address 7814 S. Broad

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, fact should be so stated above.