

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

4200
State File No. 1717
Registrar's No.

Registration District No. 791

Primary Registration District No.

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

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:
Firmin DeLoage Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 80 days
(Specify whether _____)

In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County MONROE

(c) City or town RURAL
(If outside city or town limits, write "RURAL")

(d) Street No. 4 MI. NORTH STOUTSVILLE MO.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes for No)

If yes, name country _____

3. (a) PRINT FULL NAME Russell Clary

3. (b) If veteran, name war _____

3. (c) Social Security No. 792-12-1251

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 20 year 1942 6 hour _____ 3.0 minute _____ P.M.

21. I hereby certify that I attended the deceased from 12/2/41 19 _____ to 2/20/42 19 _____

that I last saw him alive on 2/20/42 19 _____ and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife PHILLIPS CLARY

6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased DECEMBER 22 1911
(Month) (Day) (Year)

Immediate cause of death _____

Cancer of bladder
Urinary

Duration 4 yrs

8. AGE: Years Months Days If less than one day

30 1 28 hr. _____ min.

Due to _____

Due to 526

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

9. Birthplace STOUTSVILLE Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business FIRE BRICK PLANT

12. Name ADDISON CLARY

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

14. Maiden name MARY GARRETT

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

16. (a) Informant Mrs. Russell E. Clary

(b) Address Paris mo.

17. (a) REMOVAL (b) Date thereof FEB 21 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation STOUTSVILLE MISSOURI

18. (a) Signature of funeral director Speed & Blakey

(b) Address Paris Missouri

19. (a) FEB 25 1942 (b) J. Z. Bredek
(Date received local registrar) (Registrar's signature)

Major findings: Of operations Cancer of bladder
Urinary

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? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature W. F. Melick (M.D.) _____

Address Firmin DeLoage Hosp Date signed 2/21/42

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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 Howard F. Pawlow

Licensed Embalmer No. 3114

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, fact should be so stated above.